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ABSTRACT

A survey of 48 hospitals and extended care facilities was conducted to analyze those tasks which are performed by personnel within the medical record department and to determine the components of a medical record curriculum. In addition a survey was made of the Medical Record National Technical Advisory Committee (NTAC) and other experts to evaluate the performance of the medical record department function. Survey results revealed no discernible relationship between criticality, difficulty, and technical knowledge as rated by the NTAC. Also, the NTAC rated most tasks higher in difficulty than the personnel performing the tasks. There were 25 percent of the respondents who had no previous training before employment in the medical record department. A major implication for curriculum development was that it would be possible to provide vertical and lateral mobility for personnel in the medical record department by grouping tasks into educational categories and developing a progression of skills and knowledge to meet performance levels. Additional background information is available in ED 037 570 and other allied health projects are VT 011 425-VT 011 432 in this issue. (SB)

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Interim Report

OCCUPATIONAL ANALYSIS OF TASKS PERFORMED IN A MEDICAL RECORD DEPARTMENT

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Division of Vocational Education
ALLIED HEALTH PROFESSIONS PROJECTS

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UNIVERSITY OF CALIFORNIA, LOS ANGELES
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Research and Development Project for Curricula
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FOREWORD

The Division of Vocational Education, University of California, is an administrative unit of the University concerned with responsibilities for research, teacher education, and public service in the broad area of vocational and technical education. During 1968 the Division entered into an agreement with the U.S. Office of Education to prepare curricula and instructional materials for a variety of allied health areas. For the most part such materials are related to pre-service and in-service instruction in programs from on-the-job instruction through Associate degree programs.

This interim report is a summary of the functional analysis for the occupational areas of Medical Records. A National Technical Advisory Committee for Medical Record Occupations provided assistance in designing the questionnaire used to identify tasks performed by Medical Record personnel in health care facilities throughout the nation.

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SUMMARY

Objectives:

1. To analyze those tasks which are performed by various levels of personnel within a Medical Record department.

2. To determine the components of curriculum.

Procedures Employed:

1. Search of pertinent literature to determine the current practices and trends in practices of Medical Record departments.

2. Selection of a national committee of leaders in the Medical Record field who would guide, assist, and validate the development of curricula and instructional materials.

3. Develop a survey instrument based on a task inventory of the Medical Record department.

4. Survey the level of personnel within a national sample of Medical Record departments who are performing the tasks of the department.

5. Survey the National Technical Advisory Committee and additional groups of recommended experts to evaluate the performance of the Medical Record department function.

6. Use the computer to compile data materials.

7. Analyze the survey data for the development of a curriculum.

Findings:

1. Current practice in Medical Record departments (tasks performed by the various occupational titles) is at variance with practices recommended by the NTAC.

2. Survey results revealed no discernible relationship between criticality, difficulty, and technical knowledge as rated by the National Technical Advisory Committee.

3. The NTAC rated most tasks higher in difficulty than the personnel performing the tasks.

4. Differentiating tasks by occupational title is feasible through rearrangment. However, some functions are common to more than one title.

5. Current practices and NTAC agree in placing some survey tasks outside the purview of Medical Record departments.

6. Twenty-five percent of respondents had no previous training before entering employment in Medical Record department.

Implications for Curriculum Development:

1. For the 25 percent of the sample surveyed which consisted of individuals who had neither training nor experience to do the job, the hospital could profitably use self-instructional modules for on-the-job training.

2. Where 1 percent to 24 percent of personnel performed a task, the task was considered specific to the hospital concerned, and educational techniques which "program" the skills to be learned would need to be adapted to the individual facility.

3. Where 25 percent to 49 percent performed a task, inclusion in a curriculum was considered warranted, but questions of depth and emphasis would be submitted for recommendation to the NTAC.

4. Where 50 percent to 100 percent of personnel performed a task, it could be considered essential to curriculum design.

5. An analysis of unique and common tasks leads to formulation of appropriate educational categories.

6. By grouping tasks into educational categories and developing a progression of skills and knowledge to meet performance levels, it would be possible to provide vertical and lateral mobility for personnel in Medical Record departments.

OCCUPATIONAL ANALYSIS OF TASKS PERFORMED IN A MEDICAL RECORD DEPARTMENT

I. INTRODUCTION

The Projects and Their Goals

The United States Office of Education early in 1968 invited proposals for research and development programs to stimulate the recruitment and training of manpower for the allied health occupations. One of the several organizations invited to participate was the Division of Vocational Education of the University of California at Los Angeles. A proposal submitted by the division was approved by the Office of Education and funded for a four-year period. The objectives of the resulting UCLA Allied Health Professions Projects are to develop pre-service and in-service educational materials for a number of allied health occupations, to provide the means of updating curricula as required by occupational changes, and to disseminate curricula and instructional materials.

To create such materials, it was judged necessary to identify by job or task analysis the items to be included in the curriculum for each of the selected occupations, to formulate student performance goals, and to determine standards for the required skills and knowledge.

II. PROCEDURES

The First Step - A Task Inventory

It was determined that the most useful first step would be the development of a task inventory for each occupation and the surveying of a sample group of medical care facilities to determine whether these tasks were, in fact, being performed and by whom. Using a task inventory, it was believed, could provide performance goals and delineate the specific skills which must be learned to do the job. Thus, the guide to the development of pre-service and in-service curricula would be based on the requirements of the job to be done. The health occupations for exploration included both facility support services and clinical occupations.

The Medical Record department was identified as one of the major occupational areas to be studied by the UCLA Allied Health Professions Projects. The task inventory for Medical Records was developed from an extensive library research, interviews with leading practitioners in the field, and site visits.

A National Technical Advisory Committee (NTAC) (see Appendix 1 for membership list) was selected in order to guide the work of the projects. The Medical Record NTAC met on April 3 and 4, 1969. A draft of the task inventory was submitted to the Committee for review and revision. Using the Committee-approved task inventory, an instrument for the survey was designed to include all activities of a Medical Record department.

Development of the Questionnaires

The instrument, a questionnaire, consisted of two parts. The first part asked questions of the respondents related to the tasks they perform. (See Appendix 2 for sample page of questionnaire.) The second part asked about the background of respondent in terms of experience and training. (See Appendix 3 for background information sheet.) The questionnaire was designed to determine the observable variations in the frequency of performance of each task according to the job title of the respondents, the degree of supervision respondents received on each task, and the level of perceived difficulty of the task. Each task was to be rated by the participating individuals in a group of hospitals across the nation.

The questionnaire was submitted several times to the NTAC for their comments and corrections. It was modified on the basis of the suggestions of the Committee and the other experts in the field. The revised draft was pretested on the nine persons holding various job titles in a Medical Record department in the Los Angeles area.

The National Technical Advisory Committee (NTAC) and an additional group of persons recommended by the NTAC were asked to evaluate the task inventory according to a different set of dimensions than those distributed to Medical Record personnel. These dimensions were the criticality of each task, the technical knowledge (T/K) required to perform each task, the occupational level characterized by "best" practice. The Committee also evaluated each task according to the level of difficulty of performance. (See Appendix 4 for definitions and details of scales used by NTAC.)

Definitions of Terms Used in Questionnaires

A task was considered to be a set of actions required to attain an objective. Major headings into which tasks were grouped, representing the total activity of the Medical Record department, were designated as "functions". Functions crossed the activities of all levels of Medical Record personnel. For example, "code diseases using ICDA - 8" and "check record for deficiencies" were tasks specified as part of the more comprehensive or encompassing function of "performing chart processing tasks." The following is a list of functions included in the questionnaire:

A. Organizing and Planning Department Activities
B. Directing and Implementing Departmental Activities
C. Inspecting, Evaluating, Controlling and Improving Performance
D. Hiring and Training Staff
E. Assisting Medical and Hospital Staff Committees
F. Performing Medical Staff Secretarial Functions
G. Preparing Indexes and Statistical Reports
H. Preparing and Maintaining Data-Processed Reports
I. Performing Chart Processing Tasks
J. Releasing Patient Information
K. Preparing Birth and Death Certificates and Infant Releases
L. Transcribing Medical Reports
M. Performing Admission Tasks
N. Performing Ward Clerk Tasks

O. Performing Record Storage and Retrieval
P. Performing General Office Tasks
Q. Performing Medical Library Function.

Within each of these functions some tasks were identified which are not ordinarily considered Medical Record tasks, but since they are often performed by the personnel in Medical Record departments, they were included. Two hundred sixty-four tasks were specified.

The Survey Sample

Medical facilities were surveyed in six designated geographical areas. Each geographical area was centered in a metropolis and extended approximately 200 miles in radius with both urban and rural hospitals included. The centers were Boston, Chicago, Birmingham, Denver, Los Angeles and Seattle. Other criteria for selection included size (number of beds) and type (acute voluntary or proprietary, or Extended Care Facility). Each area sample included two hospitals with more than 200 beds, two hospitals with 100 to 199 beds, two hospitals with less than 100 beds, and two Extended Care Facilities. Additional requirements imposed on the selection of the sample institutions were that they be accredited by the Joint Commission on Accreditation and meet the requirements for Medicare, and be willing to participate. The total sample consisted of 48 facilities. (See Appendix 5 for survey list.)

The survey permitted comparison of the hospital characteristics for differences of Medical Record practices for the same occupational title which might be found in different areas of the country, and even within the same area but in different sized hospitals.

Questionnaires were distributed to 158 individuals employed in Medical Record departments in the survey sample; 132 responded. Several questionnaires were received after the cut-off date and were not included in the tabulations. Twenty questionnaires were sent to the NTAC and selected experts; 12 were returned and analyzed separately for purposes of comparison.

Method of Administering the Questionnaires

A local person responsible for delivering and collecting the questionnaires was designated for each of the six regions. The questionnaires were delivered by hand to the personnel employed in the Medical Record departments. The questionnaires were self-administered and returned to the deliverer. They were then forwarded to the UCLA Survey Research Center for processing.

III. DATA ANALYSIS

Analysis of Background Information from the Respondents

Background information from the respondents was analyzed according to the position-titles. No trends relating to curriculum development were

discerned. (See Appendix 6 for details of background data.)

Out of the nine position titles responding to the institutional questionnaire, six accounted for 129 individuals. Three respondents had position titles not customarily associated with a Medical Record department: an Administrator, a Medical Librarian, and a Receptionist. The responses from these individuals were deleted from the analysis. Individuals responding in positions as heads of the department and assistant head of the department were regrouped according to certification (Registered Record Librarian and Accreditated Record Technician or Medical Record Technician), as the task analysis according to education reflected by certification was considered to be relevant to curriculum development. (See Appendix 7 for description according to position title, certification, salary and hospital size.) Thus, the six occupational titles used in resulting charts and tables are: RRL, ART/MRT, Medical Secretary, Transcriber, Medical Record Clerk, and Clerk-typist.

The American Medical Record Association is the national professional organization of Medical Record Librarians. It is responsible for registration and certification of Medical Record department professional personnel.

The RRL is a Registered Record Librarian, a graduate of an approved school for Medical Record Librarians, who holds a baccalaureate degree.

The ART is an Accredited Record Technician who has passed a qualifying examination for certification after completing the correspondence course conducted by the American Medical Record Association.

The MRT is a Medical Record Technician who is a graduate of an approved school for Medical Record Technicians, generally a two-year program.

In addition, less skilled Medical Record personnel were included to ascertain the total spectrum of job assignments. These personnel categories, along with their Office of Education and Dictionary of Occupational Titles code numbers, are:

Occupations Surveyed	OE Code Number	DOT Code Number
Medical Secretary	14.0702	201.368-014
Transcriber	14.0702	201.368-014
Medical Record Clerk	14.0499	249.388-034
Clerk-typist	14.0302	206.388-018

Compiling Data on Performance by Occupational Title

Using the data collected, tasks performed by each occupational title were tabulated. The responses for frequency were recorded in terms of whether the job was done or not done by the respondents ("not done" includes the category "never/almost never".)

Frequency of performance is reported in Tables A through Q. The frequencies referring to the percent of individuals within each occupation title who reported performing the task were rated into three sub-categories represented

by symbols 0, +, or ++, according to the following criteria:

1. When the proportion of the individuals performing a particular task was less than 24 percent, it was designated by a "0". This category was intended to identify those tasks that tend to be related to a particular hospital. Such tasks would probably best be taught within the Medical Record department in a particular hospital.

2. A 25 percent to 49 percent frequency was designated by a "+". Those tasks performed at this level of frequency are currently and generally practiced in sufficient numbers to be considered common to many facilities and, therefore, warrant development of educational units that may be used in the appropriate educational setting, on the job or in the classroom.

3. A 50 percent to 100 percent frequency was designated by "++". The tasks that are performed with this high degree of frequency are considered to be Medical Record practices common to a majority of health facilities. Such tasks are essential to teaching programs.

Grouping Tasks by Occupational Title

For purposes of analysis, tasks performed by all personnel were grouped together. (For details of grouping, see Page 44.) The next grouping was made according to certification and no certification. Common tasks performed by the Registered Record Librarian and Medical Record Technician/Accredited Record Technician were separated from those performed by personnel with other position-titles. The differentiation was by distinct tasks performed by each occupational title and by the common tasks performed by all or several of the personnel with different occupational titles.

Tasks within each block of common tasks for any group of Medical Record personnel were studied and rearranged with a view to selecting and clustering tasks that require common technical knowledge and skills.

Types of Statistics Used

The analysis relied heavily upon descriptive statistics alone, since the interest of the study at this point was in evolving educational modules from a task inventory rather than in providing estimates of current interrelationships of measured factors like difficulty and criticality of a task, etc.

With NTAC and "expert" responses, modes and medians were calculated for difficulty, technical knowledge (T/K) and criticality. Modes were used in the figures developed (see pages 9 through 41) because the data clustered around the modal value. Whenever there was a bimodal distribution, the upper modal value was taken. It is interesting to note that in many cases the mode and median turned out to be the same.

Analysis of the Data Related to Supervision and Difficulty

With the institutional questionnaires, the data relating to supervision were tabulated according to the mode (the scale value most frequently occurring for each task). The "difficulty" was similarly analyzed and the mode also was recorded.

Interrelationships of the factors were visualized by plotting the modes. Tasks that were actually performed by each occupational title were indicated by "+" marks. Those recommended by the NTAC as being appropriate for the occupational title to perform were circled. Graphic presentations for each function appear on pages 9 through 41.

A further summary figure was plotted by counting the tasks actually performed by the Medical Record department personnel and those recommended by the Committee.

Task List Exclusions and Additions

Of the 264 tasks listed on the survey, 17 were not performed by any of the personnel in the Medical Record department. (See Appendix 8). These related to performing medical staff secretarial functions, admissions, and ward clerk tasks. In addition, tasks performed by less than 25 percent of the respondents (not to be considered for curriculum) emerged. They were related to (1) medical library functions, (2) medical staff secretarial functions, (3) admissions functions, (4) ward clerk functions. (See Appendix 9 for the specific tasks.)

The NTAC considered tasks related to admissions, ward clerk and medical library functions as not belonging to the Medical Record department; this was borne out by the infrequency of performance of the tasks (See Appendix 10) NTAC did not suggest excluding any tasks in the 12 other functions. However, as shown above, practice indicates that some of the tasks within these functions are performed infrequently.

The respondents to the survey added several tasks to the original list relating to microfilming and release and distribution of information. (See Appendix 11 for additions suggested by survey respondents.)

IV RESULTS

TABLE 1. FUNCTION A - ORGANIZING AND PLANNING DEPARTMENTAL ACTIVITIES

PERFORMANCE BY OCCUPATIONAL TITLE*
(Reported by survey respondents)

A. Organizing and Planning Departmental Activities	RRL	ART	Med. Sec.	Tran-scriber	Med. Rec. Clerk	Clerk Typ-ist
1. Assist administration in defining responsibilities of the medical records department	++	++	0	0	0	0
2. Recommend policies for departmental functions	++	++	0	0	0	0
3. Plan overall activities of the department	++	++	0	0	0	0
4. Determine staffing requirements	++	+	0	0	0	0
5. Plan and develop space utilization	++	++	0	0	0	0
6. Select equipment and supplies	++	++	0	0	0	0
7. Prepare budget for department	++	0	0	0	0	0
8. Develop organizational chart	+	0	0	0	0	0
9. Organize work flow	++	++	+	0	0	0
10. Develop work flow charts	+	+	0	0	0	0
11. Develop job descriptions	++	++	0	0	0	0
12. Develop work procedures	++	++	0	0	0	0
13. Write work procedures (Procedure Manual)	++	++	0	0	0	0
14. Determine quantitative and qualitative work standards	++	++				
15. Revise and amplify organizational activities as needed	++	++	0	0	0	0
16. Develop educational programs (in-service training)	++	++	0	0	0	0
17. Develop skill tests for prospective employees	0	0	0	0	0	0
18. Coordinate procedures for data processing	+	++	0	0	0	0
19. Develop report format and content	++	+	0	0	0	0
20. Develop program evaluation criteria for self-appraisal of performance for supervisor and employees	+					
21. Plan for recording, storage, and retrieval of clinical history and statistics by electronic data processing	++	+	0	0	0	0

* 50-100% of persons designated by the title perform the task = ++
25-49% of persons designated by the title perform the task = +
0-24% of persons designated by the title perform the task = 0

TABLE 2. FUNCTION B - DIRECTING AND IMPLEMENTING DEPARTMENTAL ACTIVITIES

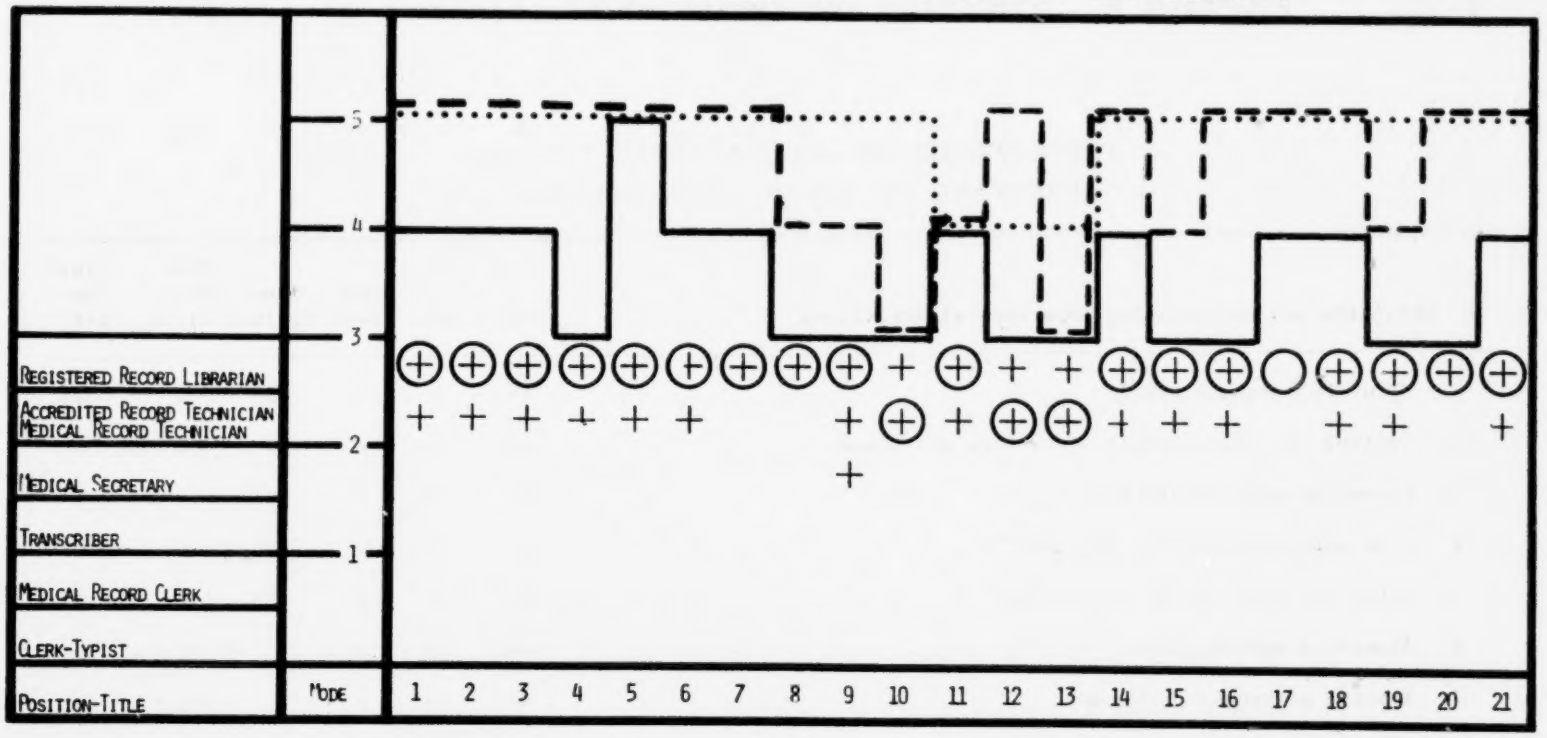
PERFORMANCE BY OCCUPATIONAL TITLE*
(Reported by survey respondents)

B. Directing and Implementing Departmental Activities	RRL	ART	Med. Sec.	Tran-scriber	Med. Rec. Clerk	Clerk Typ-ist
1. Maintain adequate staff	++	+	0	0	0	0
2. Control use of equipment, supplies, and space	++	++	0	0	0	0
3. Establish work priorities	++	++	+	0	0	0
4. Plan and schedule work assignments	++	++	0	0	0	0
5. Supervise subordinate supervisors	++	0	0	0	0	0
6. Supervise subordinates	++	++	0	0	0	0
7. Resolve personnel problems	++	++	0	0	0	0
8. Coordinate relevant interdepartmental functions	++	++	0	0	0	0
9. Supervise assistance to medical hospital staff committees	++	++	0	0	0	0
10. Coordinate medical library functions	0	+	0	0	0	0
11. Supervise coding of diseases and operations	++	++	0	0	0	0
12. Supervise preparation of indexes	++	++	0	0	0	0
13. Supervise chart completion methods	++	++	0	0	0	0
14. Supervise chart analysis for completion	++	++	0	0	0	0
15. Supervise preparation of statistical reports	++	++	0	0	0	0
16. Supervise abstracting data from records	++	++	0	0	0	0
17. Supervise release of patient information	++	++	0	0	0	0
18. Direct preparation of birth and death certificates and infant releases for adoption	+	0	0	0	0	0
19. Direct transcription of medical reports	++	++	+	0	0	0
20. Coordinate admitting functions related to medical records	+	++	0	0	0	0
21. Coordinate ward clerks' functions related to medical records	+	0	0	0	0	0
22. Direct record storage and retrieval	++	++	0	0	0	0
23. Direct miscellaneous general office tasks	++	++	0	0	0	0
24. Establish and maintain current estimated length-of-stay data for use by Bed Utilization Committee and Bed Expediter	+	++	0	0	0	0

* 50-100% of persons designated by the title perform the task = ++
25-49% of persons designated by the title perform the task = +
0-24% of persons designated by the title perform the task = 0

FIGURE 1. FUNCTION A - ORGANIZING AND PLANNING DEPARTMENTAL ACTIVITIES

RATINGS OF TASKS BY NTAC
AND PERFORMANCE OF TASKS AS REPORTED BY SURVEY RESPONDENTS



KEY TO SYMBOLS: Recommended occupational level = O; difficulty = -----; criticality = ———; technical knowledge (T/K) required = ...; not a Medical Record function = ●; as judged by National Technical Committee (NTAC). Position-level actually performing = +.

FINDINGS

Three tasks, 10, 12, and 13, related to organization of work flow and work procedures. These were suggested as appropriately performed by personnel at the level of ART. All remaining tasks in this group were designated for the RRL. These are concerned with policy and planning of the department activities, developing evaluation techniques, and methods for utilization of electronic data processing in the Medical Record department.

The level of personnel actually performing tasks in this function indicate that with few exceptions, the jobs were performed equally by both ART and RRL. Budget preparation, developing organization charts, and evaluation programs (7, 8, and 20) were the tasks performed exclusively by the RRL.

The medical secretary was also performing Task 9 (organizing work flow).

Task 5 (plan and develop space utilization) was rated at the highest level (5) in criticality. No task in this function was below the critical level of 3.

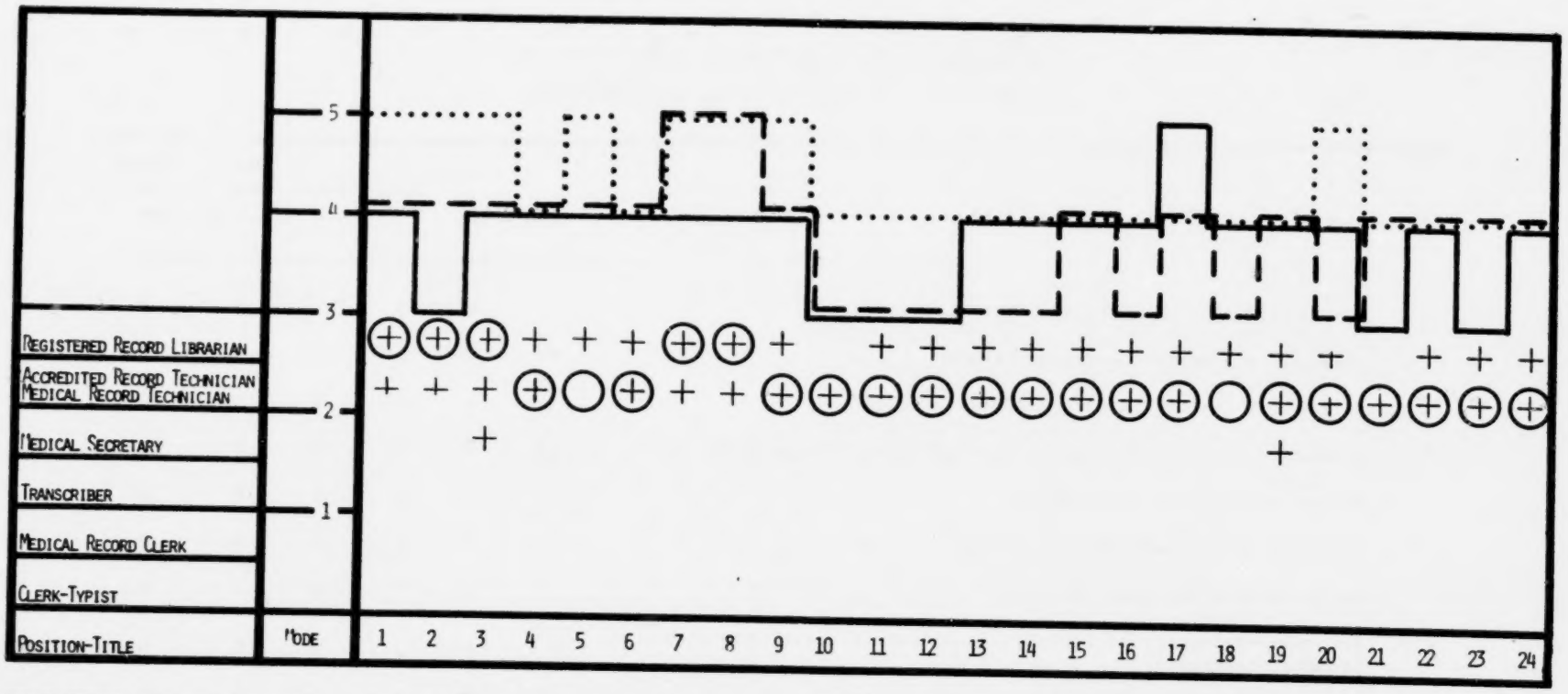
The T/K rating in this area, with only three exceptions, was Level 5. Tasks 11, 12, and 13, having to do with job descriptions, work procedures, and writing work manuals, were the three exceptions, and these were rated at Level 4.

Task 10 (developing work flow chart) and Task 14 (determining work standards) were rated Level 3 for difficulty by the committee. All the other Tasks were considered to be more difficult (Level 4 or Level 5).

The respondents' perception of difficulty for Task 13 (writing work procedure manuals), was greater than the rating by the NTAC. For all the other tasks, the committee rated the difficulty level either the same as or higher than the respondents performing.

FIGURE 2. FUNCTION B - DIRECTING AND IMPLEMENTING DEPARTMENTAL ACTIVITIES

RATINGS OF TASKS BY NTAC
AND PERFORMANCE OF TASKS AS REPORTED BY SURVEY RESPONDENTS



KEY TO SYMBOLS: Recommended occupational level = O; difficulty = -----; criticality = ———; technical knowledge (T/K) required = ...; not a Medical Record function = ●; as judged by National Technical Committee (NTAC). Position-level actually performing = +.

FINDINGS

The committee suggested that Task 1 (maintain adequate staff), Task 2 (equipment, supplies and space control), Task 3 (establish work priorities), Task 7 (resolve personnel problems), and Task 8 (coordinate interdepartmental functions) be the responsibility of the RRL; actually both ART and RRL are performing these tasks.

Task 5 (supervise subordinate supervisors), Task 18 (manage preparation of birth and death certificates and infant releases for adoptions), and Task 21 (coordinate ward clerks' functions related to medical records) were being done by the RRL and not by the ART, as recommended by NTAC.

The committee suggested all other tasks be performed at ART level; actually both are performing.

Task 3 (establish work priorities) and Task 19 (direct transcription of medical reports) are currently performed by medical secretaries as well as the RRL and ART. These tasks are rated at a 4 Level or more for difficulty, T/K and criticality. The most critical of all the tasks in this category was that of release of patient information. None fell below Level 3 for criticality.

Task 7 (prepare budget for department) and Task 8 (develop organizational chart) were rated at the highest level for both T/K and difficulty.

In every instance, the committee rated the difficulty of a task as being either the same or higher than respondents performing, with the exception of Task 11 (supervise coding of diseases and operations), Task 21 (coordinate ward clerk functions related to medical records), and Task 10 (coordinate medical library functions).

TABLE 3. FUNCTION C - INSPECTING, EVALUATING, CONTROLLING AND IMPROVING PERFORMANCE

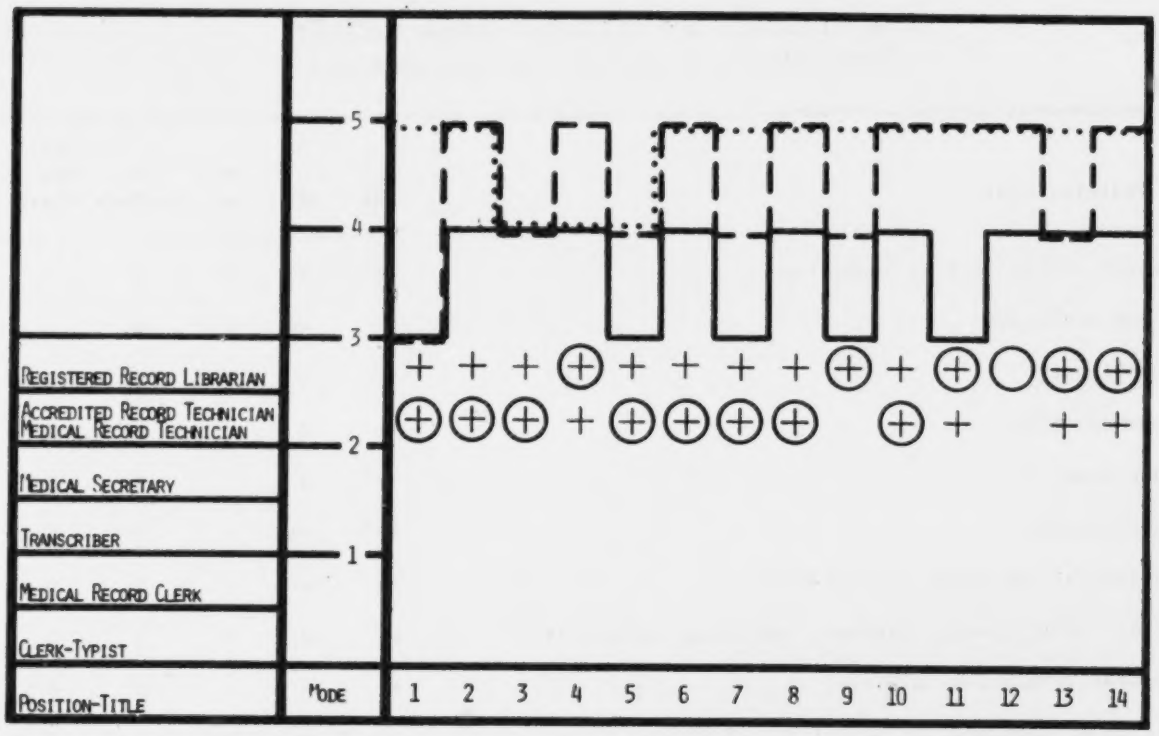
PERFORMANCE BY OCCUPATIONAL TITLE*
(Reported by survey respondents)

C. Inspecting, Evaluating, Controlling and Improving Performance	RRL	ART	Med. Sec.	Tran-scriber	Med. Rec. Clerk	Clerk Typ-ist
1. Maintain and prepare productivity reports	+	+	0	0	0	0
2. Evaluate and analyze workload trends	++	++	0	0	0	0
3. Review for quality (accuracy and adequacy)	++	++	0	0	0	0
4. Evaluate quantity and quality in light of work standards	++	++	0	0	0	0
5. Define and correct deficiencies	++	++	0	0	0	0
6. Evaluate individual employee for merit	++	+	0	0	0	0
7. Confer with individual employee	++	++	0	0	0	0
8. Act upon evaluation of individual employee's merit (transfer, promote, terminate)	+	+	0	0	0	0
9. Evaluate efficiency of equipment and supplies	++	++	0	0	0	0
10. Evaluate adequacy of work space	++	+	0	0	0	0
11. Order new or additional equipment	+	++	0	0	0	0
12. Requisition additional work space	0	0	0	0	0	0
13. Insure that all requirements of the Joint Commission on Accreditation of Hospitals concerning Medical Records are met	++	++	0	0	0	0
14. Continually search for improved, automated records transportation and retrieval system	++	++	0	0	0	0

* 50-100% of persons designated by the title perform the task = ++
25-49% of persons designated by the title perform the task = +
0-24% of persons designated by the title perform the task = 0

FIGURE 3. FUNCTION C - INSPECTING, EVALUATING, CONTROLLING AND IMPROVING PERFORMANCE

RATINGS OF TASKS BY NTAC
AND PERFORMANCE OF TASKS AS REPORTED BY SURVEY RESPONDENTS



KEY TO SYMBOLS: Recommended occupational level = O; difficulty = -----; criticality = ———; technical knowledge (T/K) required = ...; not a Medical Record function = ●; as judged by National Technical Committee (NTAC). Position-level actually performing = +.

FINDINGS

The committee suggested that Tasks 4, 9, 11, 12, 13 and 14, concerned with evaluation of work standards, equipment and qualifying for accreditation, should be the responsibility of RRL. Task 12 (requisitioning of work space) does not appear on the chart since it was being performed at less than 25 percent frequency. The five remaining tasks are performed with equal frequency by both RRL and ART.

The committee suggested that Tasks 1, 2, 3, 5, 6, 7, 8, and 10 (relating to productivity reports, work loads, employee performance, work space, deficiencies correction) should be performed by ART, but these are actually performed with equal frequency by both MRT/ART and RRL.

In no case does criticality go above Level 4 nor does it exceed the T/K or difficulty. In three instances, Tasks 1, 7, and 11 were rated higher T/K (Level 5) though they are lower in criticality. Though this function contains tasks which were rated on a lower scale for criticality, it appears to be among the most difficult and requires a higher degree of technical skills and knowledge.

Only Task 1 was rated Level 3 in difficulty, whereas all the others were 4 or more.

In all instances, the NTAC rated the tasks as being more difficult than the difficulty perceived by the respondents.

TABLE 4. FUNCTION D - HIRING AND TRAINING STAFF

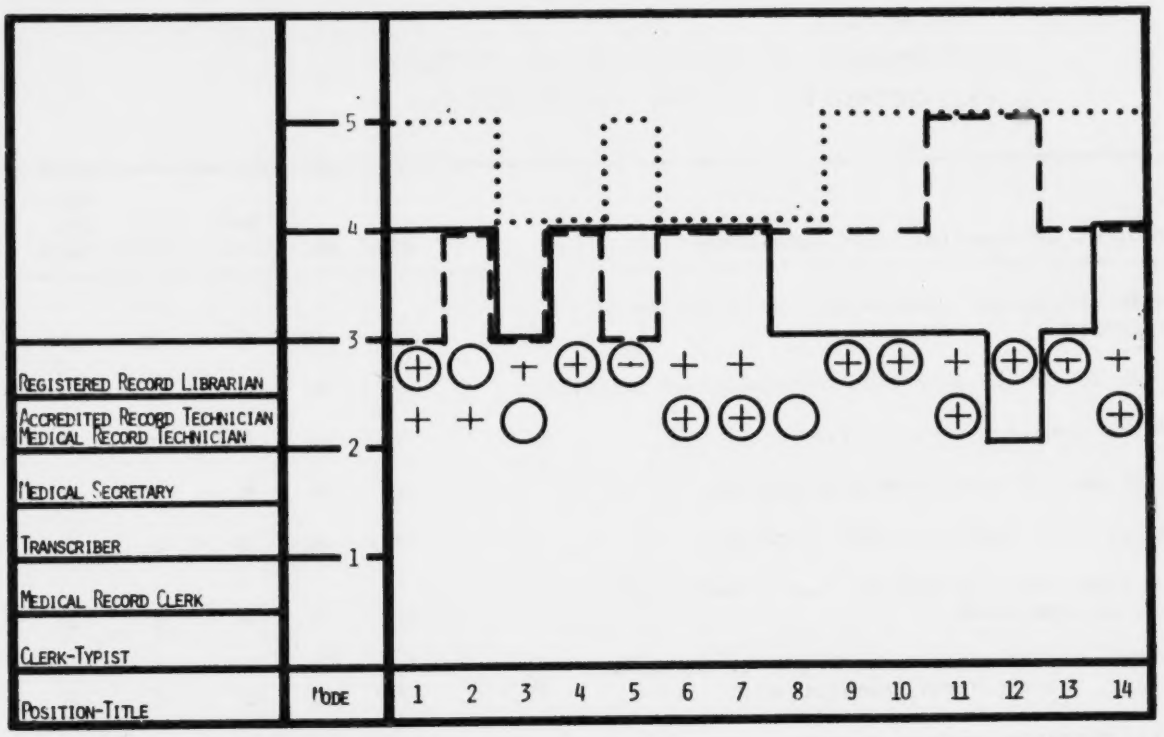
PERFORMANCE BY OCCUPATIONAL TITLE*
(Reported by survey respondents)

D. Hiring and Training Staff	RRL	ART	Med. Sec.	Tran-scriber	Med. Rec. Clerk	Clerk Typ-ist
1. Request needed skills to fill vacancies	++	+	0	0	0	0
2. Interview job applicant	0	++	0	0	0	0
3. Test job applicant	+	0	0	0	0	0
4. Evaluate job applicant	++	0	0	0	0	0
5. Hire job applicant	++	0	0	0	0	0
6. Orient new employees	++	++	0	0	0	0
7. Train departmental employees (in-service)	++	++	0	0	0	0
8. Train others. Secify, e.g., interns, admitting clerks, etc.	0	0	0	0	0	0
9. Conduct medical terminology classes	+	0	0	0	0	0
10. Participate in professional/technical associations	++	++	0	0	0	0
11. Attend professional/technical association meetings	++	+	0	0	0	0
12. Provide for staff development through outside educational agencies	+	0	0	0	0	0
13. Train department staff in use of data-processing facilities	+	0	0	0	0	0
14. Train staff in legal aspects of Medical Records, e.g., statutes governing release or restrictions of court use of medical records and subpoenas	++	++	0	0	0	0

* 50-100% of persons designated by the title perform the task = ++
25-49% of persons designated by the title perform the task = +
0-24% of persons designated by the title perform the task = 0

FIGURE 4. FUNCTION D - HIRING AND TRAINING STAFF

RATINGS OF TASKS BY NTAC
AND PERFORMANCE OF TASKS AS REPORTED BY SURVEY RESPONDENTS



KEY TO SYMBOLS: Recommended occupational level = O; difficulty = -----; criticality = ——; technical knowledge (T/K) required = ...; not a Medical Record function = ●; as judged by National Technical Committee (NTAC). Position-level actually performing = +.

FINDINGS

Eight tasks, 1, 2, 4, 5, 9, 10, 12 and 13, pertaining to staff requirements, training, and development of department personnel, were recommended by NTAC as being the responsibility of RRL. Of these, Task 2 (interviewing job applicant) is actually being performed by ART, not RRL.

Six tasks, 3, 6, 7, 8, 11 and 14 (testing, orientation, in-service training for new employees, and training of others outside Medical Records department), were recommended by NTAC as being the responsibility of ART. Task 8 (training others outside of department) is performed neither by RRL nor ART, whereas Task 3 (testing job applicant) is performed by RRL, not ART.

Task 12 (providing staff development through outside educational agencies) was rated least critical (Level 2), though rated the highest for T/K and difficulty.

No task in this function exceeds criticality of Level 4 whereas the difficulty and T/K levels go to Level 5.

In nine out of 14 tasks, T/K is rated at the highest level by NTAC and the remaining five are rated at no less than 4 Level.

In all tasks, criticality and difficulty were equal to or lower than T/K.

In all instances, the NTAC rated the tasks as being more difficult than the difficulty perceived by the respondents.

TABLE 5. FUNCTION E - ASSISTING MEDICAL AND HOSPITAL STAFF COMMITTEES

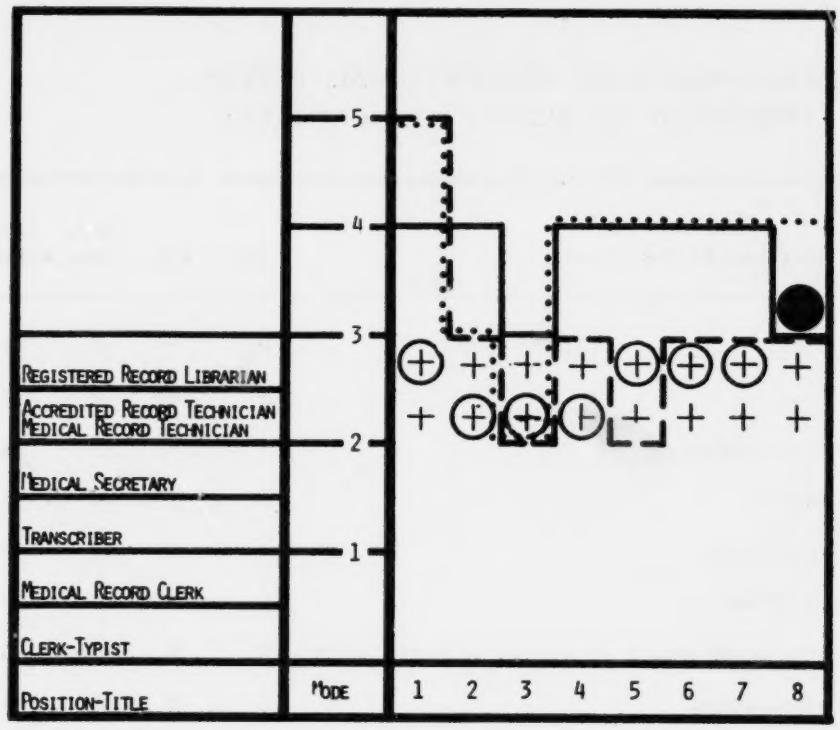
PERFORMANCE BY OCCUPATIONAL TITLE*
(Reported by survey respondents)

E. Assisting Medical and Hospital Staff Committees	RRL	ART	Med. Sec.	Tran-scriber	Med. Rec. Clerk	Clerk Typ-ist
1. Participate in developing criteria for the selection of records for review	++	++	0	0	0	0
2. Select records for review according to established criteria	++	++	0	0	0	0
3. Sort records by committee responsibility	++	++	0	0	0	0
4. Participate in medical staff committee meetings	++	++	0	0	0	0
5. Prepare medical staff committee meeting minutes	++	++	0	0	0	0
6. Follow up on committees' directions, e.g., route charts to physicians or committees	++	++	0	0	0	0
7. Participate in hospital committees, e.g., nursing audit, department head, Medical Forms Committe, etc.	++	++	0	0	0	0
8. Write hospital committee meeting minutes	+	+	0	0	0	0

* 50-100% of persons designated by the title perform the task = ++
25-49% of persons designated by the title perform the task = +
0-24% of persons designated by the title perform the task = 0

FIGURE 5. FUNCTION E - ASSISTING MEDICAL AND HOSPITAL STAFF COMMITTEES

RATINGS OF TASKS BY NTAC
AND PERFORMANCE OF TASKS AS REPORTED BY SURVEY RESPONDENTS



KEY TO SYMBOLS: Recommended occupational level = O; difficulty = -----; criticality = ——; technical knowledge (T/K) required = ...; not a Medical Record function = ●; as judged by National Technical Committee (NTAC). Position-level actually performing = +.

FINDINGS

All tasks were performed with equal frequency by both ART and RRL.

Four tasks were suggested by NTAC as being the responsibility of the RRL: Task 1 (participate in developing criteria for the selection of records for review); Task 5 (prepare medical staff committee meeting minutes); Task 6 (follow up on committee's directions, e.g., route charts to physicians or committees); Task 7 (participate in hospital committees, e.g., nursing audit, department head, medical forms committees, etc.).

Three tasks were suggested by NTAC as being the responsibility of the ART: Task 2 (select records for review according to established criteria); Task 3 (sort records by committee responsibility); Task 4 (participate in medical staff committee meetings).

In one instance, Task 8 (write hospital committee minutes) was considered by NTAC as a task not belonging in the Medical Records department.

All tasks in this group were rated at Level 4 for criticality, with the exception of Task 3 (sort records by committee responsibility), which was at Level 3, and was also the lowest in T/K at Level 2.

Difficulty was lowest in Task 5 (prepare medical staff committee meeting minutes) at Level 2.

Task 1 (participate in developing criteria for the selection of records for review) was highest (Level 5) in T/K and difficulty.

In all instances, the NTAC rated the tasks as being more difficult than was perceived by the respondents.

TABLE 6. FUNCTION F - PERFORMING MEDICAL STAFF SECRETARIAL FUNCTIONS

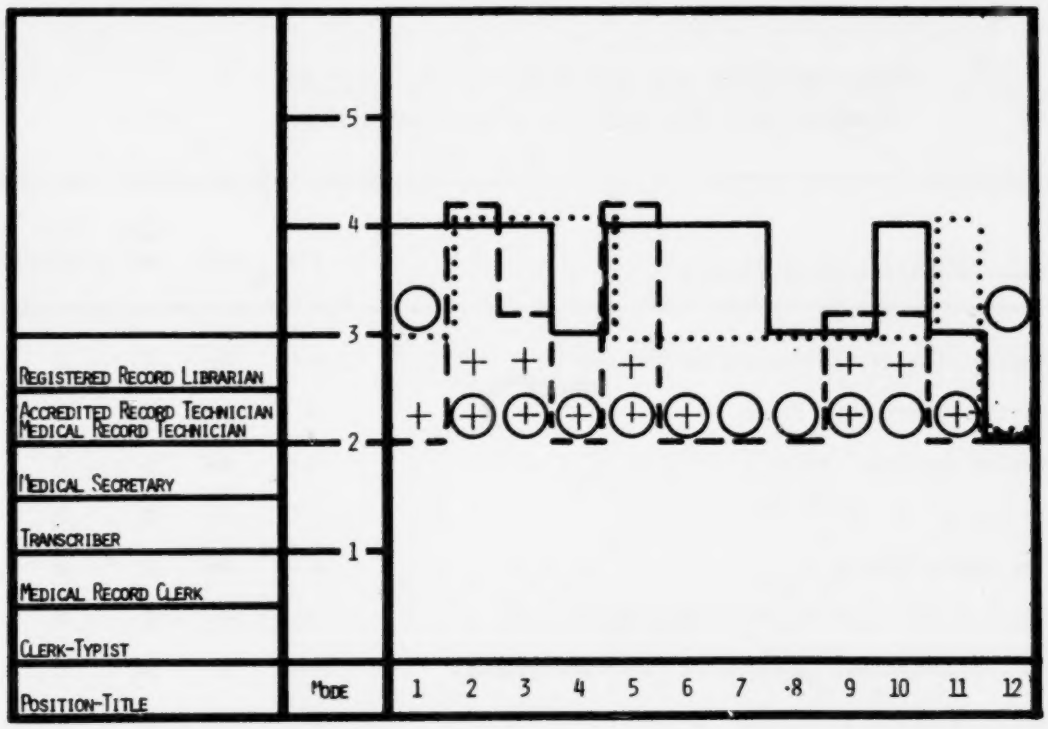
PERFORMANCE BY OCCUPATIONAL TITLE*
(Reported by survey respondents)

F. Performing Medical Staff Secretarial Functions	RRL	ART	Med. Sec.	Tran-scriber	Med. Rec. Clerk	Clerk Typ-ist
1. Schedule meetings	0	++	0	0	0	0
2. Attend meetings	+	++	0	0	0	0
3. Take or transcribe minutes of meetings	+	++	0	0	0	0
4. Prepare agendas for meetings	0	+	0	0	0	0
5. Follow up on actions of committees	+	++	0	0	0	0
6. Maintain staff credentials files	0	+	0	0	0	0
7. Transcribe letters regarding house staff or attending staff appts.	0	0	0	0	0	0
8. Maintain residents' procedure files	0	0	0	0	0	0
9. Prepare reports	+	++	0	0	0	0
10. Disseminate information on policies established at meetings	+	0	0	0	0	0
11. Publicize meetings	0	+	0	0	0	0
12. Operate audiovisual equipment for meetings	0	0	0	0	0	0

* 50-100% of persons designated by the title perform the task = ++
25-49% of persons designated by the title perform the task = +
0-24% of persons designated by the title perform the task =0

FIGURE 6. FUNCTION F - PERFORMING MEDICAL STAFF SECRETARIAL FUNCTIONS

RATINGS OF TASKS BY NTAC
AND PERFORMANCE OF TASKS AS REPORTED BY SURVEY RESPONDENTS



KEY TO SYMBOLS: Recommended occupational level = O; difficulty = -----; criticality = ———; technical knowledge (T/K) required = ...; not a Medical Record function = ●; as judged by National Technical Committee (NTAC). Position-level actually performing = +.

FINDINGS

NTAC suggested that Tasks 1 (schedule meetings) and 12 (operate audio visual equipment for meetings) do not belong in a Medical Record department.

The remaining tasks in this function, as recommended by NTAC, are the responsibility of the ART. However, Tasks 2 (attend meetings), 3 (take or transcribe minutes of meetings), 5 (follow up on actions of the committee), and 9 (prepare reports) were performed by both, and 10, by RRL only.

Tasks 7 (transcribe letters regarding house staff or attending staff appointments) and 8 (maintain resident's procedure files) were not done by either RRL nor ART.

In no instance did criticality go above Level 4 or below Level 3.

In no instance did difficulty fall below Level 2 or rise above Level 4.

T/K was at Level 4 in four tasks, whereas it was Level 3 for the remaining tasks.

In Task 5 (follow up on action of committee), the respondents rated the level of difficulty higher than the committee. In all other instances, the committee rated the tasks as being as difficult or more difficult than perceived by the respondents.

TABLE 7. FUNCTION G - PREPARING INDEXES AND STATISTICAL REPORTS

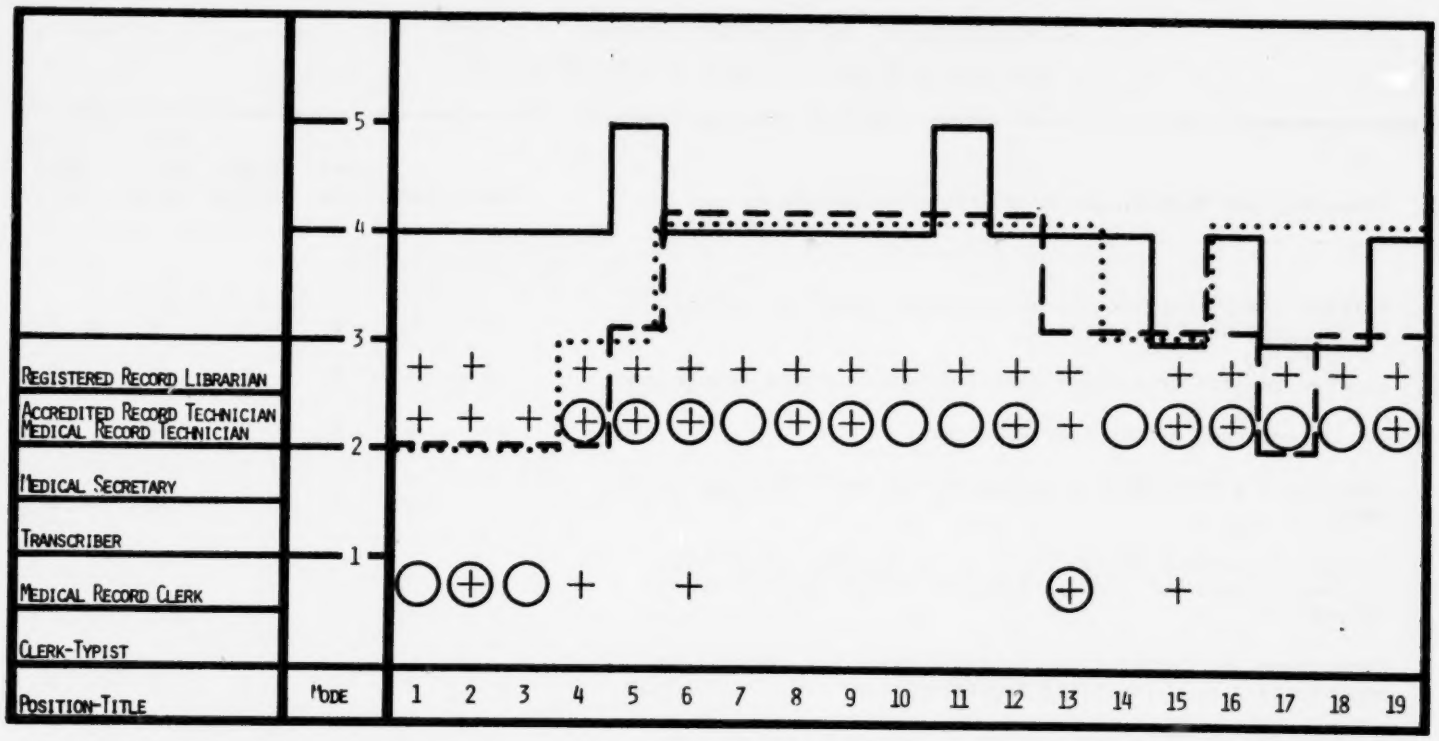
PERFORMANCE BY OCCUPATIONAL TITLE*
(Reported by survey respondents)

G. Preparing Indexes and Statistical Reports	RRL	ART	Med. Sec.	Tran-scriber	Med. Rec. Clerk	Clerk Typ-ist
1. Maintain manually disease and operations indexes	+	++	0	0	0	0
2. Maintain manually physicians' index	+	++	0	0	+	0
3. Maintain manually surgeons' index	0	++	0	0	0	0
4. Prepare daily census	+	++	0	0	+	0
5. Prepare period census report	+	++	0	0	0	0
6. Prepare manually statistical reports for administration	++	++	0	0	+	0
7. Prepare manually statistical reports for other departments	++	0	0	0	0	0
8. Prepare manually statistical reports for medical staff	++	+	0	0	0	0
9. Prepare manually statistical reports for other health facilities	++	+	0	0	0	0
10. Prepare manually statistical reports for accrediting agencies, e.g., J.C.A.H., A.M.A.	++	0	0	0	0	0
11. Prepare manually statistical reports for licensing agencies	+	0	0	0	0	0
12. Prepare manually statistical reports for others. Specify, e.g., tumor board	+	+	0	0	0	0
13. Maintain manually registers, e.g., birth, death	+	++	0	0	+	0
14. Maintain manually tumor registry	0	0	0	0	0	0
15. Prepare manually admission and discharge statistics from census sheets	+	+	0	0	+	0
16. Prepare manually discharge statistics showing average length of stay by disease classification	+	+	0	0	0	0
17. Prepare manually statistics concerning CCU, PSCU, and COU from census sheet	+	0	0	0	0	0
18. Prepare manually statistics for blood transfusion committee	+	0	0	0	0	0
19. Prepare manually patient statistics analysis	++	+	0	0	0	0

* 50-100% of persons designated by the title perform the task = ++
25-49% of persons designated by the title perform the task = +
0-24% of persons designated by the title perform the task = 0

FIGURE 7. FUNCTION G - PREPARING INDEXES AND STATISTICAL REPORTS

RATINGS OF TASKS BY NTAC
AND PERFORMANCE OF TASKS AS PEPORTED BY SURVEY RESPONDENTS



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FINDINGS

The RRL was performing all the tasks in this function except for Tasks 3 (maintaining surgeon's index) and 14 (maintaining Tumor Registry). None of the personnel was performing Task 14.

Four tasks (7, 10, 11 and 17), all concerned with preparation of statistical reports, designated as ART responsibility by the Committee, were actually being performed by RRLs.

Tasks 1 and 3 (disease and operation indexes and surgeon's index), though suggested by NTAC as work for the Medical Records clerk, were being done by the ART. Preparing census reports (4, 6 and 15) were activities designated for higher level positions, but actually being performed by Medical Records clerks.

Criticality was rated Level 5 for Task 5 (period census reports) and Task 11 (statistical reports for licensing agencies). All other tasks were at Level 3 or 4.

Difficulty and T/K were scaled between Levels 2 and 4 for all tasks in this function.

The committee rated all tasks in this area as being either as difficult or more difficult than did those actually performing the tasks, with one exception, rated at Level 3; Task 14 (maintain Tumor Registry) was rated at Level 4.

TABLE 8. FUNCTION H - PREPARING AND MAINTAINING DATA-PROCESSED REPORTS

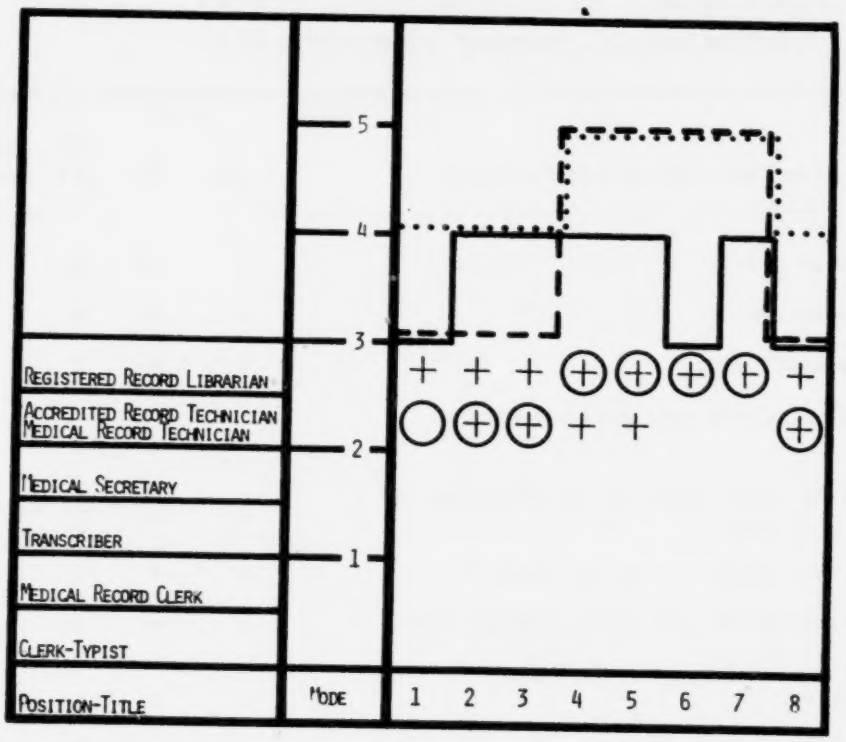
PERFORMANCE BY OCCUPATIONAL TITLE*
(Reported by survey respondents)

H. Preparing and Maintaining Data-Processed Reports	RRL	ART	Med. Sec.	Tran-scriber	Med. Rec. Clerk	Clerk Typ-ist
1. Extract statistics from data-processed reports to submit to hospital administration	++	0	0	0	0	0
2. Provide reports or extract data for Medical Staff Committees	++	+	0	0	0	0
3. Insure accuracy of the source document	++	0	0	0	0	0
4. Inform and advise administration as to trends and significant data	+	+	0	0	0	0
5. Inform and advise Medical Staff as to significant results or trends resulting from an analysis of the data-processed reports	+	+	0	0	0	0
6. Coordinate and confer with the data processing manager on new programs and simplified reporting, both input and output	+	0	0	0	0	0
7. Be familiar with the application of computer terminals and their use in obtaining statistics stored in the data bank	+	0	0	0	0	0
8. Develop and maintain a filing system for data-processed printouts	++	+	0	0	0	0

* 50-100% of persons designated by the title perform the task = ++
25-49% of persons designated by the title perform the task = +
0-24% of persons designated by the title perform the task = 0

FIGURE 8. FUNCTION H - PREPARING AND MAINTAINING DATA-PROCESSED REPORTS

RATINGS OF TASKS BY NTAC
AND PERFORMANCE OF TASKS AS REPORTED BY SURVEY RESPONDENTS



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FINDINGS

The RRL was performing all tasks within this function though designated as responsible for only four tasks, 4, 5, 6, and 7, which relate to trends, computer program changes and retrieval of computer information.

The RRL and not the ART is performing Task 1 (extracting statistics from data-processed reports), which was suggested by NTAC as the activity of ART.

Four tasks, 4, 5, 6, and 7, were rated as being at the highest Level (5) for both difficulty and T/K.

In all tasks, the NTAC rated difficulty as high or higher than did the respondents.

TABLE 9. FUNCTION I - CHART PROCESSING (DISCHARGE PATIENTS)

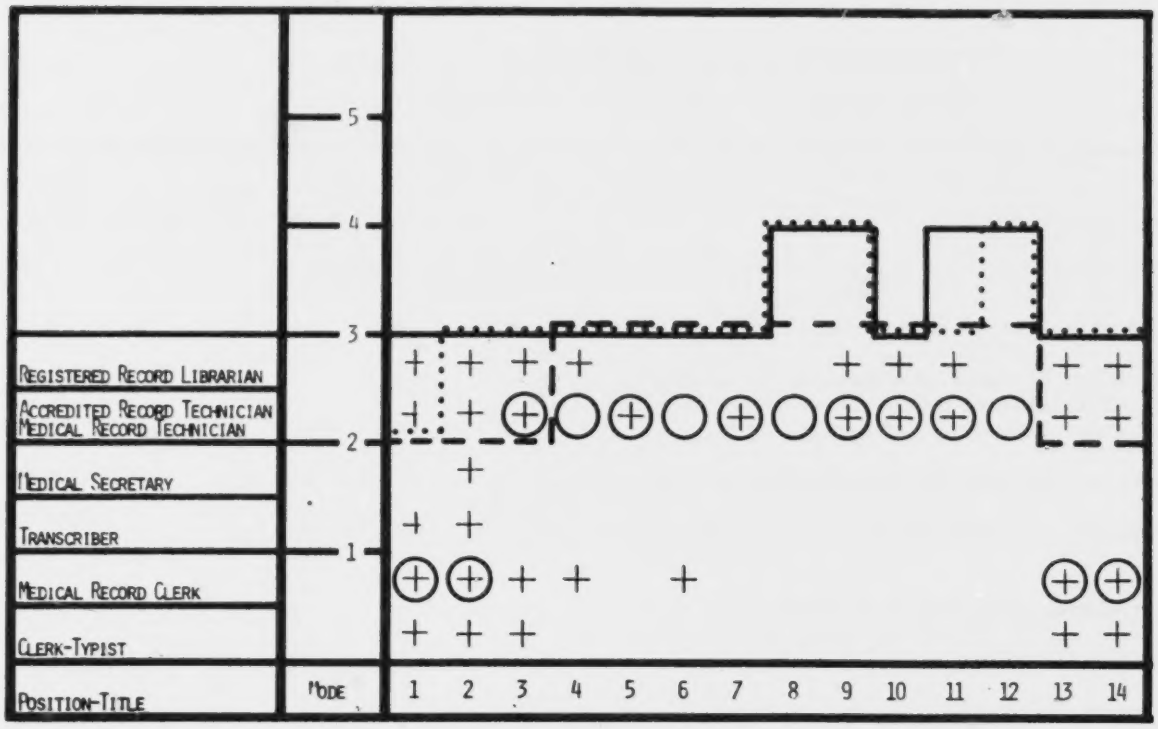
PERFORMANCE BY OCCUPATIONAL TITLE*
(Reported by survey respondents)

I. Performing Chart Processing Tasks (Discharge Patients)	RRL	ART	Med. Sec.	Tran-scriber	Med. Rec. Clerk	Clerk Typ-ist
1. Assemble record in proper order	+	++	0	+	++	++
2. Check record for deficiencies	+	++	+	+	++	++
3. Prepare deficiency check-off list	+	++	0	0	++	+
4. Abstract information from record onto data-processing source document	++	0	0	0	+	0
5. Abstract information from record and list on discharge analysis form (manual processing)	0	+	0	0	0	0
6. Abstract information from record (no medical audit)	0	0	0	0	+	0
7. Abstract information from record (including medical audit)	0	++	0	0	0	0
8. Abstract information from record onto tumor board (Registry) source document	0	0	0	0	0	0
9. Code diseases and operations using SNDO	+	+	0	0	0	0
10. Code diseases and operations using ICDA-8	+	+	0	0	0	0
11. Code diseases and operations using H-ICDA-8	+	+	0	0	0	0
12. Code diseases and operations using other. Specify, e.g., SNOP	0	0	0	0	0	0
13. Notify physicians concerning incomplete records	++	++	0	0	+	+
14. Effect completion of records by other departments, e.g., route charts, request missing reports	++	++	0	0	+	+

* 50-100% of persons designated by the title perform the task = ++
25-49% of persons designated by the title perform the task = +
0-24% of persons designated by the title perform the task = 0

FIGURE 9. FUNCTION I - CHART PROCESSING (DISCHARGE PATIENTS)

RATINGS OF TASKS BY NTAC
AND PERFORMANCE OF TASKS AS REPORTED BY SURVEY RESPONDENTS



KEY TO SYMBOLS: Recommended occupational level = O; difficulty = -----; criticality = ———; technical knowledge (T/K) required = ...; not a Medical Record function = ●; as judged by National Technical Committee (NTAC), Position-level actually performing = +.

FINDINGS

Task 8 (abstract information onto Tumor Board source document) was performed by none of the Medical Record personnel surveyed.

All personnel were involved in Task 2 (checking record for deficiencies), though designated by the NTAC as a task for the Medical Record clerk.

Twenty-six and two tenths percent of the Medical Record clerks responded that coding was an activity in which they had responsibility. However, when it was divided by coding procedure, 21.4 percent used H-ICDA, 7.1 percent used SNDO, 9.5 percent used ICDA-8 and 7.1 percent used other codes, primarily SNOP. Since 25 percent was used as the cut-off figure for performance, coding could have been considered as best taught on the job. However, when considered as a total area, coding would be included in the curriculum for Medical Record clerks, with emphasis placed on the system recommended by the NTAC.

Where coding was performed or supervised by department heads or assistants, the most prevalent system of coding diseases and operations was ICDA-8.

Tasks 8, 9, 11 and 12 (coding) were rated Level 4 for criticality.

Task 1 (proper assembly of record) was rated Level 2 in T/K. T/K was Level 4 for Tasks 8 and 12 (coding).

In all tasks, the NTAC rated difficulty as high or higher than did the respondents.

TABLE 10. FUNCTION J - RELEASING PATIENT INFORMATION

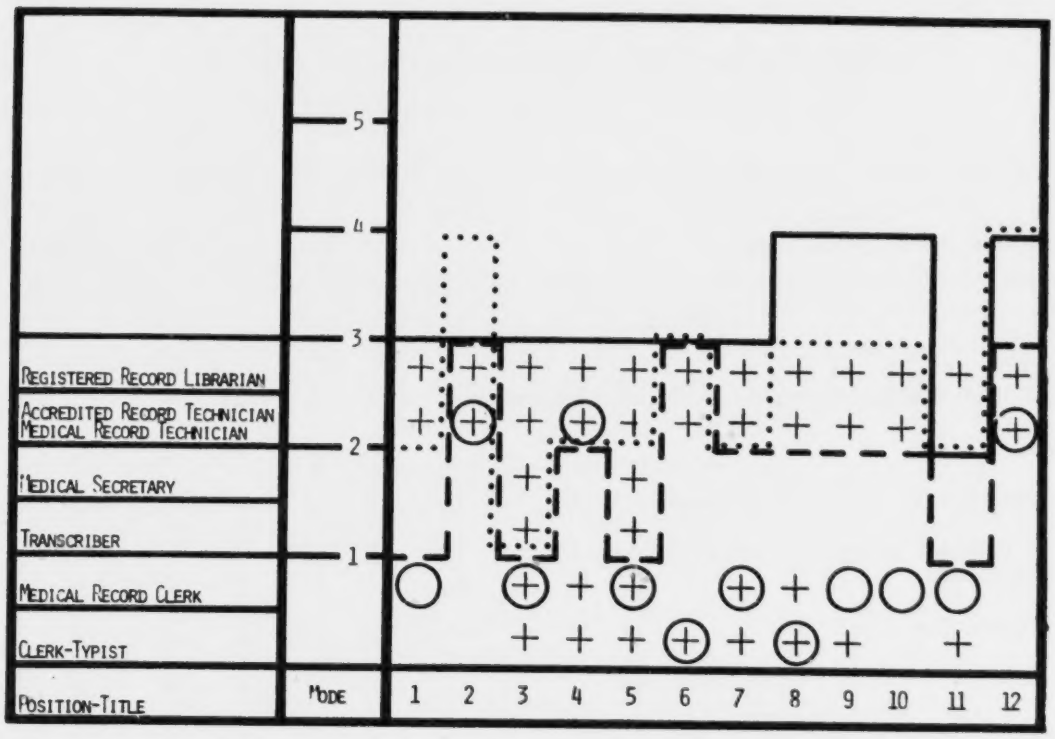
PERFORMANCE BY OCCUPATIONAL TITLE*
(Reported by survey respondents)

J. Releasing Patient Information	RRL	ART	Med. Sec.	Tran-scriber	Med. Rec. Clerk	Clerk Typ-ist
1. Maintain log of all requests for patient information	+	++	0	0	0	0
2. Maintain an index of basic statutes, court decisions, and rulings of regulatory bodies as to legal requirements and restrictions concerning the release of medical information	+	+	0	0	0	0
3. Obtain charts of patients for whom information is requested	++	++	+	+	++	++
4. Determine whether to photocopy or type an insurance abstract	++	++	0	0	+	+
5. Prepare photocopies from patient's chart	++	++	+	+	++	++
6. Type abstract information onto the abstract form	+	++	0	0	0	+
7. Direct photocopy or abstract request to other departments for completion, e.g., x-ray, Pathology, Radiation Therapy, etc.	++	++	0	0	0	+
8. Type insurance diagnosis on forms for the Business Office	+	+	0	0	+	+
9. Abstract information onto insurance forms	+	++	0	0	0	+
10. Prepare certificates or affidavits for third parties and authorized requestors	+	++	0	0	0	0
11. Maintain an abstract ledger	+	0	0	0	0	+
12. Be familiar with the requirements of a subpoena (duces tecum) for medical records	++	++	0	0	0	0

* 50-100% of persons designated by the title perform the task = ++
25-49% of persons designated by the title perform the task = +
0-24% of persons designated by the title perform the task = 0

FIGURE 10. FUNCTION J - RELEASING PATIENT INFORMATION

RATINGS OF TASKS BY NTAC
AND PERFORMANCE OF TASKS AS REPORTED BY SURVEY RESPONDENTS



KEY TO SYMBOLS: Recommended occupational level = O; difficulty = -----; criticality = ——; technical knowledge (T/K) required = ...; not a Medical Record function = ●; as judged by National Technical Committee (NTAC). Position-level actually performing = +.

FINDINGS

The RRL and ART were performing all tasks of this function. NTAC suggested that ART perform Task 2 (maintain legal manual), Task 4 (copy insurance abstract) and Task 12 (subpoena requirements).

All personnel performed Task 3 (obtain patients' charts) and Task 5 (photocopying).

Five tasks considered by the NTAC as activities of the Medical Records clerk were being performed by others. These were Task 1 (log of patient information requests), by ART and RRL; Task 7 (direct forms to other hospital departments on completion), and Task 9 (abstract information onto insurance forms), by RRL, ART and clerk-typist; Task 10 (prepare 3rd party forms), by ART and RRL; and Task 11 (maintain abstract ledger) by RRL and clerk-typist.

Task 8 (typing of insurance forms for business office), Task 9 (abstracting information onto insurance forms), Task 10 (prepare 3rd party forms) and Task 12 (subpoena requirements) were rated at Level 4 of criticality.

Task 3 (obtain patients' charts) rated lowest (Level 1) for both T/K and difficulty.

For all tasks, the NTAC rated the difficulty level either the same as or higher than the respondents.

TABLE 11. FUNCTION K - PREPARING BIRTH AND DEATH CERTIFICATES AND INFANT RELEASES

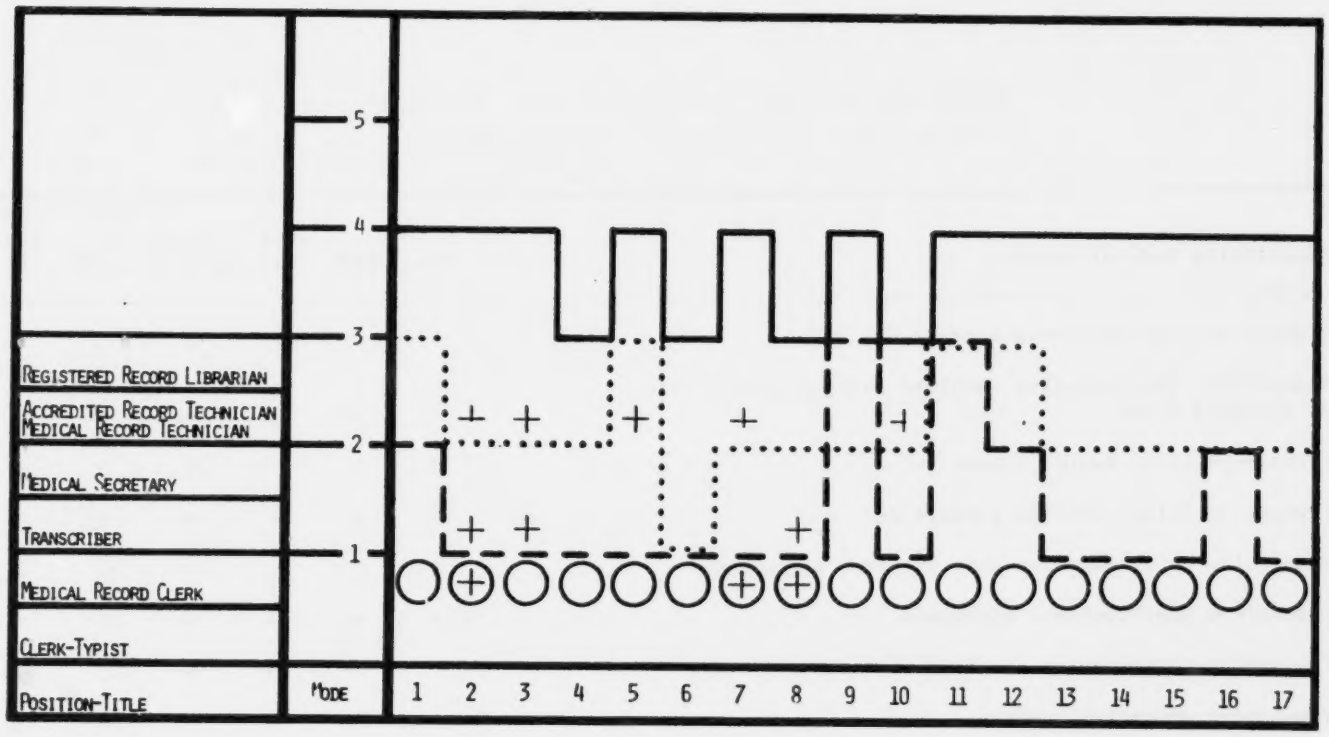
PERFORMANCE BY OCCUPATIONAL TITLE*
(Reported by survey respondents)

K. Preparing Birth and Death Certificates	RRL	ART	Med. Sec.	Tran-scriber	Med. Rec. Clerk	Clerk Typ-ist
1. Abstract information from delivery register	0	0	0	0	0	0
2. Obtain additional information from parent or other informant	0	+	0	+	+	0
3. Type certificate	0	+	0	+	+	0
4. Present certificate for signature of informant	0	0	0	0	0	0
5. Obtain physician's record of medical information and signature on certificate	0	+	0	0	0	0
6. Photocopy certificate for chart	0	0	0	0	0	0
7. File completed certificate with Health Department	0	+	0	0	+	0
8. Complete and deliver complimentary birth certificate	0	0	0	+	+	0
9. Obtain authorizations for publicity of births and release birth lists	0	0	0	0	0	0
10. Record results of PKU test on birth certificate and file in chart	0	+	0	0	0	0
K'. Infant releases						
11. Abstract information from chart	0	0	0	0	0	0
12. Obtain additional information from physician or attorney	0	0	0	0	0	0
13. Type information on form	0	0	0	0	0	0
14. Present form to natural mother for signature	0	0	0	0	0	0
15. Route forms to nursery	0	0	0	0	0	0
16. Verify that forms are properly executed by adopting parents	0	0	0	0	0	0
17. Mail original to State Department of Social Welfare; copy to attorney or adoption agency and retain file copy	0	0	0	0	0	0

* 50-100% of persons designated by the title perform the task = ++
25-49% of persons designated by the title perform the task = +
0-24% of persons designated by the title perform the task = 0

FIGURE 11. FUNCTION K - PREPARING BIRTH AND DEATH CERTIFICATES AND INFANT RELEASES

RATINGS OF TASKS BY NTAC
AND PERFORMANCE OF TASKS AS REPORTED BY SURVEY RESPONDENTS



KEY TO SYMBOLS: Recommended occupational level = O; difficulty = -----; criticality = ——; technical knowledge (T/K) required = ...; not a Medical Record function = ●; as judged by National Technical Committee (NTAC). Position-level actually performing = +.

FINDINGS

The position-level suggested by the committee for all tasks in this function is the Medical Record clerk. Eleven tasks in this grouping were not being done by any of the Medical Record personnel surveyed.

Task 2 (obtain information from parent or other informant) and Task 3 (type certificate) were being performed by the Medical Record clerk and ART. Task 5 (obtain physician's medical record information and signature on certificate) was done by the ART. Task 7 (file certificate with Health Department) was being performed by the Medical Record clerk and the transcriber. Task 10 (record PKU test results on certificate and file in chart) was performed by ART.

The committee rated criticality in this function at no more than Level 4 and no less than Level 3. Difficulty level was primarily at Level 1 and did not rise above Level 3.

All tasks being performed in this function, with one exception, were rated by the committee as high or higher in difficulty than by the respondents. The one exception was Task 9 (obtain authorization for publicity of births and release birth lists).

TABLE 12. FUNCTION L - TRANSCRIBING MEDICAL REPORTS

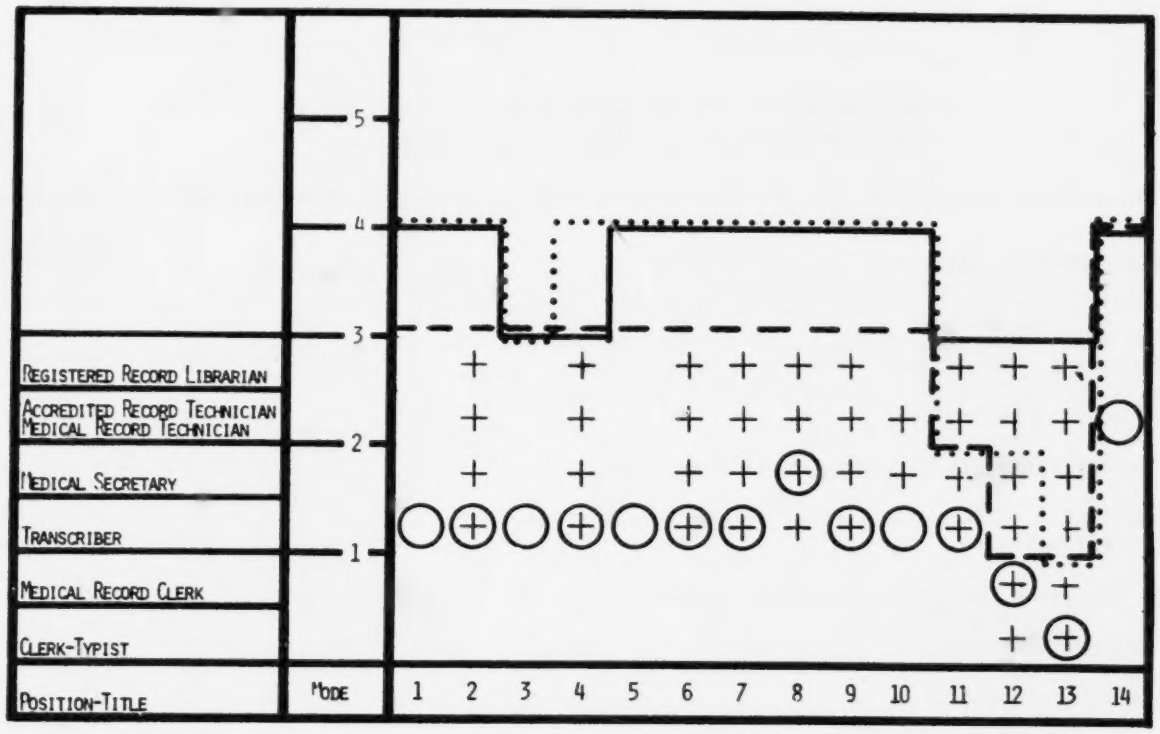
PERFORMANCE BY OCCUPATIONAL TITLE*
(Reported by survey respondents)

L. Transcribing Medical Reports	RRL	ART	Med. Sec.	Trans-scriber	Med. Rec. Clerk	Clerk Typ-ist
1. Transcribe from shorthand notes	0	0	0	0	0	0
2. Transcribe from recording machines using magnetic belts or recorded discs	+	++	++	++	0	0
3. Transcribe using manual typewriter	0	0	0	0	0	0
4. Transcribe using electric typewriter	+	++	++	++	0	0
5. Transcribe using magnetic tape selector typewriter	0	0	0	0	0	0
6. Transcribe histories and physicals	+	++	++	++	0	0
7. Transcribe consultation and discharge summaries	+	++	++	++	0	0
8. Transcribe operative reports	+	++	++	++	0	0
9. Transcribe medical correspondence	+	++	++	++	0	0
10. Transcribe ancillary departmental reports, e.g., X-ray, Pathology	0	+	+	0	0	0
11. Maintain daily production record	+	+	++	+	0	0
12. Perform filing, mailing and charting functions	++	++	++	++	+	+
13. Change discs, belts, or tapes on recording equipment	++	++	++	++	++	+
14. Arrange for transcribing to be done by outside agency	0	0	0	0	0	0

* 50-100% of persons designated by the title perform the task = ++
25-49% of persons designaged by the title perform the task = +
0-24% of persons designated by the title perform the task = 0

FIGURE 12. FUNCTION L - TRANSCRIBING MEDICAL REPORTS

RATINGS OF TASKS BY NTAC
AND PERFORMANCE OF TASKS AS REPORTED BY SURVEY RESPONDENTS



KEY TO SYMBOLS: Recommended occupational level = O; difficulty = -----; criticality = ———; technical knowledge (T/K) required = ...; not a Medical Record function = ●; as judged by National Technical Committee (NTAC). Position-level actually performing = +.

FINDINGS

NTAC recommended that most of the transcription functions be performed by the transcriber, the exceptions being Task 8 (transcription of operative reports), Task 12 (performing filing, mailing, charting functions), and Task 13 (changing discs, belts or tapes on recording equipment).

In practice, five functions that relate to taking shorthand, typing on a manual typewriter, and using a magnetic tape selector typewriter were not performed.

Task 14 (medical reports transcribed by outside agencies) was seldom done. In general, the tasks were performed by all personnel when they were performed at all.

In general, T/K and criticality went hand-in-hand for Tasks 1 through 10. For non-transcription functions 11, 12 and 13, T/K drops to 1 while the criticality stays at 3. Difficulty was rated to be the same (Level 3) for transcribing Tasks 1 through 10, and fell to Level 1 on Tasks 11, 12 and 13, which are non-transcription tasks.

The NTAC rated all tasks in this function at a difficulty level equal to or higher than the rating by the survey respondents.

TABLE 13. FUNCTION M - PERFORMING ADMISSION TASKS

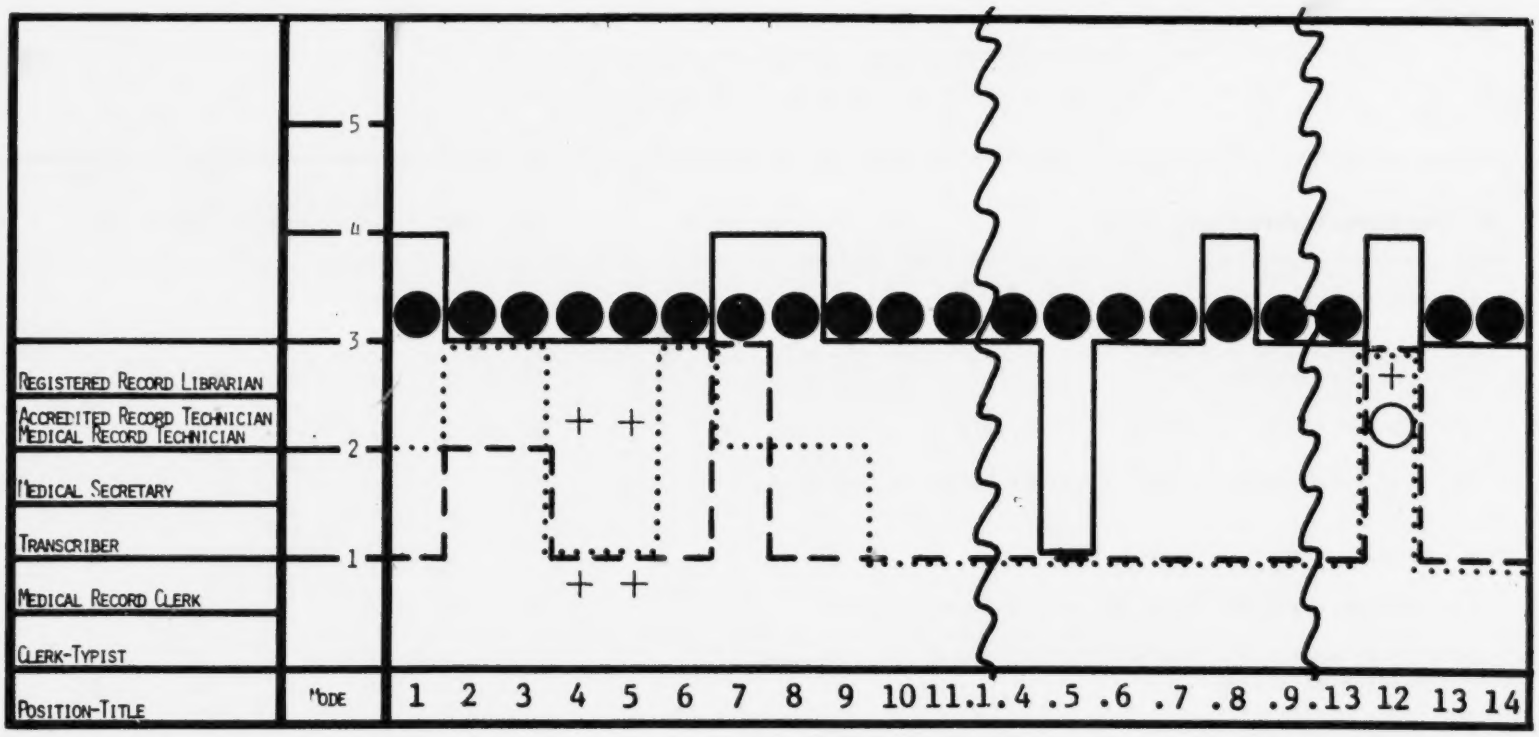
PERFORMANCE BY OCCUPATIONAL TITLE*
(Reported by survey respondents)

M. Performing Admission Tasks	RRL	ART	Med. Sec.	Trans-scriber	Med. Rec. Clerk	Clerk Typ-ist
1. Upon receipt of admission order, secure admission information, e.g., patient's name, address, diagnosis, etc.	0	0	0	0	0	0
2. Verify insurance information	0	0	0	0	0	0
3. Verify credit rating to determine deposit procedure	0	0	0	0	0	0
4. If a readmission, secure old patient folder from Medical Records Department	0	++	0	0	+	0
5. If a new admission, prepare new patient folder	0	+	0	0	+	0
6. Follow preadmission policy	0	0	0	0	0	0
7. Determine room assignment	0	0	0	0	0	0
8. Assign admission number to patient	0	0	0	0	0	0
9. Prepare admission packet	0	0	0	0	0	0
10. Sort admission information to be distributed to appropriate departments, e.g., Patient's name, Room Number, Doctor, Diagnosis, Next of Kin, etc.	0	0	0	0	0	0
11. Distribute admission information to at least the following departments:						
11.1 PBX - Telephone Center	0	0	0	0	0	0
11.2 X-Ray	0	0	0	0	0	0
11.3 Medical Records	0	0	0	0	0	0
11.4 Radiation Therapy	0	0	0	0	0	0
11.5 Television Rentals	0	0	0	0	0	0
11.6 Addressograph Room	0	0	0	0	0	0
11.7 Mailroom	0	0	0	0	0	0
11.8 Laboratory	0	0	0	0	0	0
11.9 Administration	0	0	0	0	0	0
11.10 Business Office Accounting	0	0	0	0	0	0
11.11 Data Processing Center	0	0	0	0	0	0
11.12 Patient Relations	0	0	0	0	0	0
11.13 Information Desk	0	0	0	0	0	0
12. Determine estimated length of stay, using the Patient and Disease Index	+	0	0	0	0	0
13. If readmission, request old chart from Medical Records	0	0	0	0	0	0
14. If Home Care patient, attempt to obtain chart from Home Care Office	0	0	0	0	0	0

* 50-100% of persons designated by the title perform the task = ++
25-49% of persons designated by the title perform the task = +
0-24% of persons designated by the title perform the task = 0

FIGURE 13. FUNCTION M - PERFORMING ADMISSION TASKS

RATINGS OF TASKS BY NTAC
AND PERFORMANCE OF TASKS AS REPORTED BY SURVEY RESPONDENTS



KEY TO SYMBOLS: Recommended occupational level = O; difficulty = -----; criticality = ———; technical knowledge (T/K) required = ...; not a Medical Record function = ●; as judged by National Technical Committee (NTAC). Position-level actually performing = +.

FINDINGS

The NTAC considered all tasks in this function, with one exception, as tasks not appropriately belonging in the Medical Records department. The one task, 12 (determine estimated length of stay, using the Patient and Disease Index), was being performed by the RRL, but considered an activity of the ART.

Only Tasks 4 and 5, pertaining to patient folders, were being performed by the Medical Record clerk and the ART. No other tasks in this function were being done by any of the personnel in the Medical Record department.

The Committee rated the tasks for criticality, difficulty and T/K, even though they were not considered functions of the Medical Record department.

Criticality was rated at Level 4 for Tasks 1, 7, 8 and 11.8, referring to admission procedures, and 12 (determine estimated length of stay, using the Patient and Disease Index).

TABLE 14. FUNCTION N - PERFORMING WARD CLERK TASKS

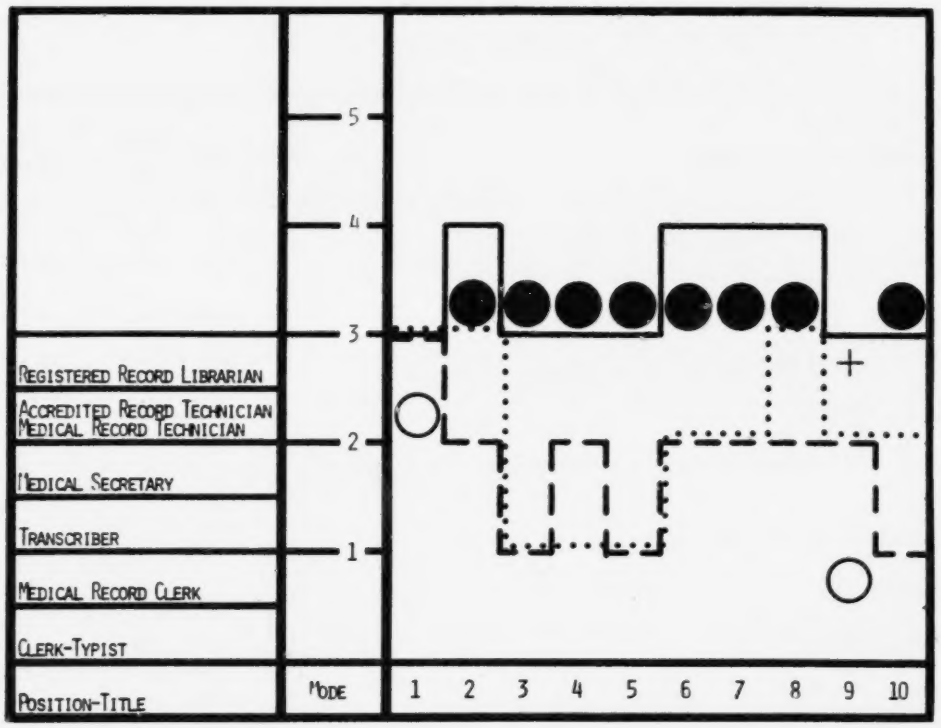
PERFORMANCE BY OCCUPATIONAL TITLE*
(Reported by survey respondents)

N.	Performing Ward Clerk Tasks	RRL	ART	Med. Sec.	Trans-scriber	Med. Rec. Clerk	Clerk Typ-ist
1.	Check current inpatient records for completion	0	0	0	0	0	0
2.	Record data on patients' charts, e.g., TPR, blood pressure, weight, etc.	0	0	0	0	0	0
3.	Add new sheets to charts as necessary	0	0	0	0	0	0
4.	Staple laboratory slips in proper place on laboratory sheet	0	0	0	0	0	0
5.	Prepare admission charts	0	0	0	0	0	0
6.	Prepare chart to accompany patient upon transfer	0	0	0	0	0	0
7.	Notify Admitting, Business Office and Medical Records of pending discharges	0	0	0	0	0	0
8.	Insure that all Doctors' orders are authenticated and affixed to chart	0	0	0	0	0	0
9.	Arrange chart in approved sequence after discharge	+	0	0	0	0	0
10.	Insure that chart and allied materials are forwarded to Medical Records	0	0	0	0	0	0

* 50-100% of persons designated by the title perform the task = ++
25-49% of persons designated by the title perform the task = +
0-24% of persons designated by the title perform the task = 0

FIGURE 14. FUNCTION N - PERFORMING WARD CLERK TASKS

RATINGS OF TASKS BY NTAC
AND PERFORMANCE OF TASKS AS REPORTED BY SURVEY RESPONDENTS



KEY TO SYMBOLS: Recommended occupational level = O; difficulty = -----; criticality = ———; technical knowledge (T/K) required = ...; not a Medical Record function = ●; as judged by National Technical Committee (NTAC). Position-level actually performing = +.

FINDINGS

NTAC considered Task 1 (checking current inpatient records) and Task 9 (arranging chart in approved sequence) as the only functions that belonged to the Medical Record department and recommended that ART do the former function (1), whereas the latter (9) could be discharged by the Medical Record clerk. In practice, however, the RRL arranges the records in the approved sequence (9).

T/K and difficulty go hand-in-hand for both Tasks 1 and 9; the former (1) is rated at Level 3, whereas the latter is rated at Level 2.

TABLE 15. FUNCTION O - PERFORMING RECORD STORAGE AND RETRIEVAL

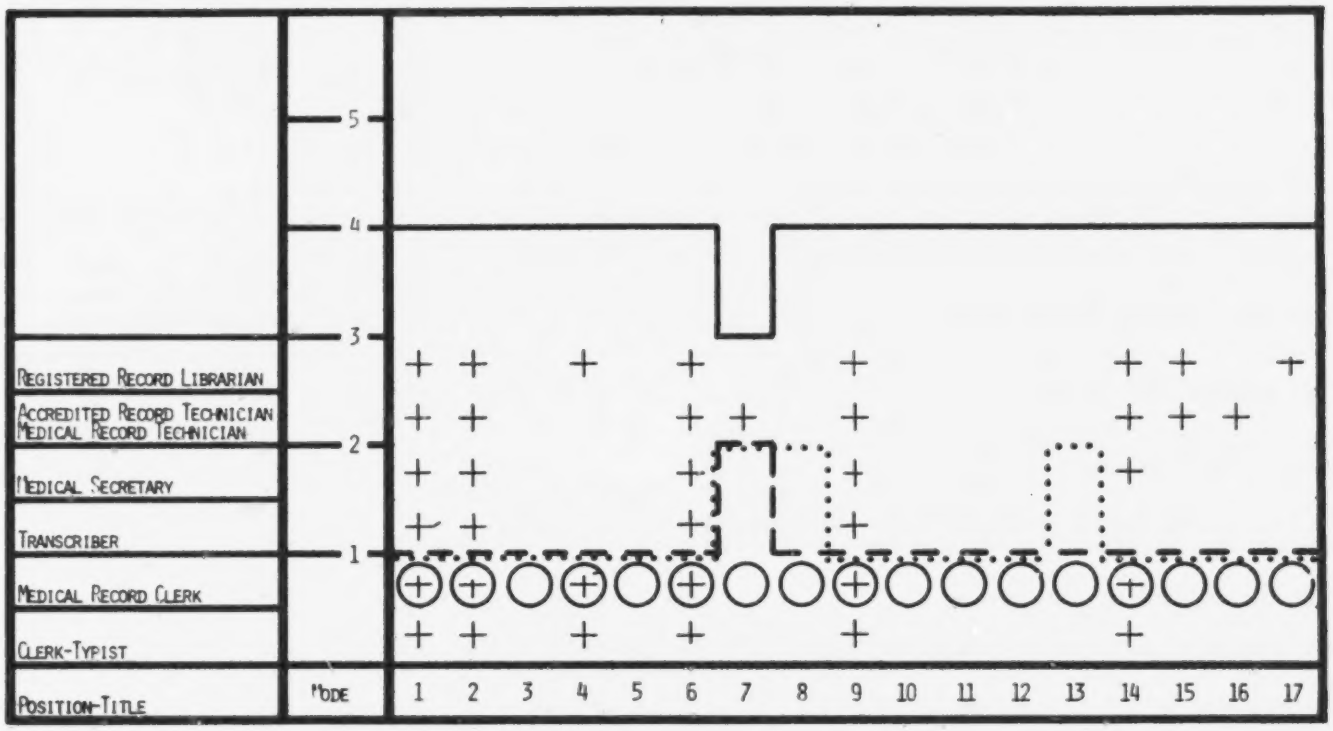
PERFORMANCE BY OCCUPATIONAL TITLE*
(Reported by survey respondents)

O. Performing Record Storage and Retrieval	RRL	ART	Med. Sec.	Trans-scriber	Med. Rec. Clerk	Clerk Typ-ist
1. File original record of individual patient within the facility	++	++	+	+	++	++
2. File using straight numerical system	++	++	+	+	++	++
3. File using terminal digit system	0	0	0	0	0	0
4. File using alphabetical system	+	0	0	0	++	+
5. File original record of individual patient in commercial facility	0	0	0	0	0	0
6. File items into individual patient record	++	++	+	+	++	++
7. Maintain activity record	0	+	0	0	0	0
8. File index cards phonetically	0	0	0	0	0	0
9. File index cards alphabetically	+	++	+	+	++	++
10. File index cards chronologically	0	0	0	0	0	0
11. File index cards by color code	0	0	0	0	0	0
12. File index cards straight numerically	0	0	0	0	0	0
13. File index cards by marginal punch	0	0	0	0	0	0
14. File correspondence and reports	++	++	+	0	++	+
15. File microfilmed rolls or individual cards	+	+	0	0	0	0
16. File EDP stored materials	0	+	0	0	0	0
17. Receive and file Home Care patients' records upon discharge	+	0	0	0	0	0

* 50-100% of persons designated by the title perform the task = ++
25-49% of persons designated by the title perform the task = +
0-24% of persons designated by the title perform the task = 0

FIGURE 15. FUNCTION O - PERFORMING RECORD STORAGE AND RETRIEVAL

RATINGS OF TASKS BY NTAC
AND PERFORMANCE OF TASKS AS REPORTED BY SURVEY RESPONDENTS



KEY TO SYMBOLS: Recommended occupational level = O; difficulty = -----; criticality = ———; technical knowledge (T/K) required = ...; not a Medical Record function = ●; as judged by National Technical Committee (NTAC). Position-level actually performing = +.

FINDINGS

NTAC recommended that all the tasks contained in this function be performed by the Medical Record clerk. In practice, Task 1 (filing of original records), Task 2 (file using straight numeral system), Task 9 (file index cards alphabetically) and Task 14 (file correspondence and reports) are done by all personnel.

Tasks 3 (terminal digit system of filing) Task 10 (chronological filing), and Task 13 (file index cards by marginal punch), are not performed by any personnel.

All the filing functions are rated at Level 4 on the criticality scale with the exception of Task 7 (maintaining activity record), which is rated 3.

In general, T/K and difficulty are rated at the lowest level (Level 1). The exceptions are Task 7 (maintain activity record), rated Level 2 for difficulty; Task 8 (phonetical filing); Task 13 (using marginal punch); and Task 7 (maintain activity record) rated Level 2 in T/K.

The Committee rated all tasks as high or higher than respondents except for Task 1 (file original record of individual patient within the facility), which was rated at Level 3.

Two persons in the total surveyed (less than 25 percent response) indicated that they used terminal digit filing. Both respondents were from hospitals that had more than 400 beds.

TABLE 16. FUNCTION P - PERFORMING GENERAL OFFICE TASKS

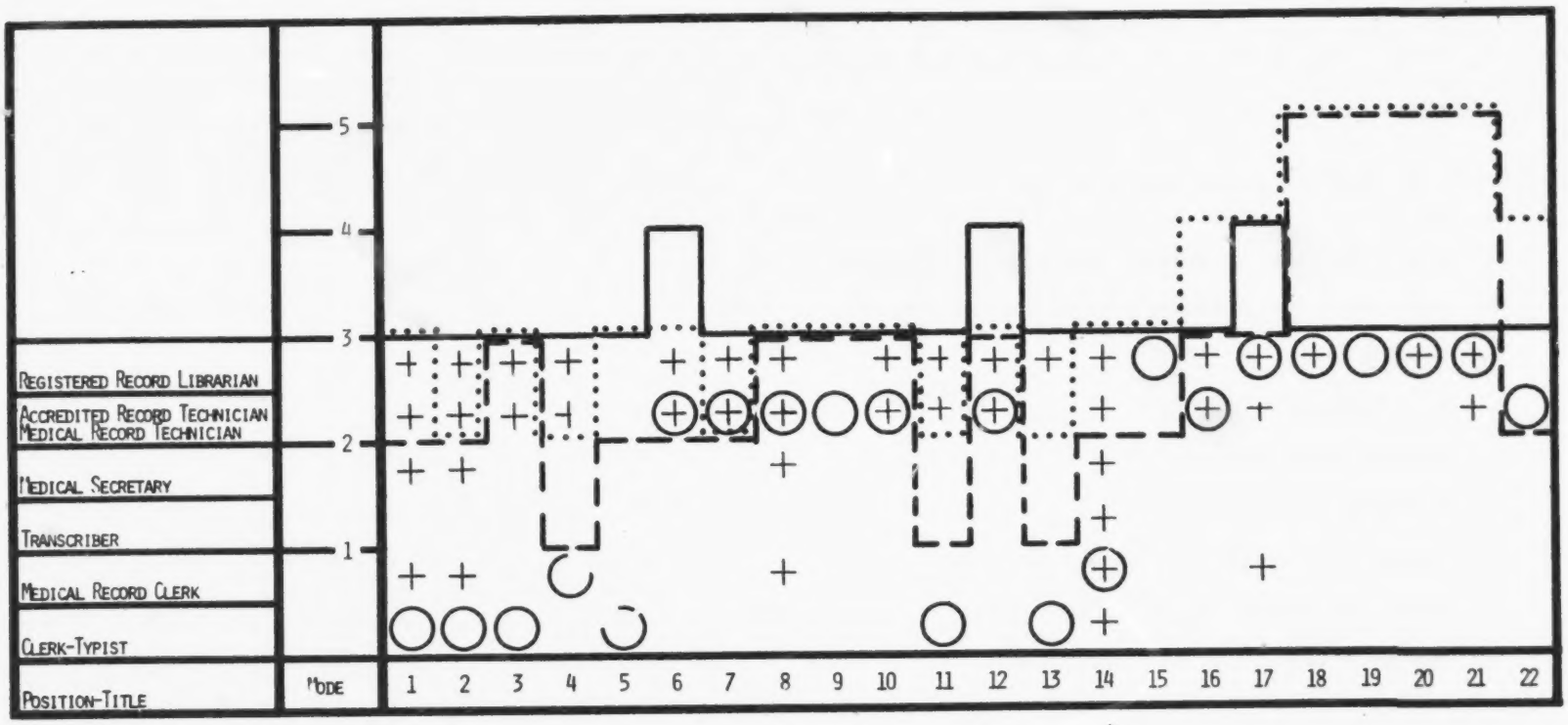
PERFORMANCE BY OCCUPATIONAL TITLE*
(Reported by survey respondents)

P.	Performing General Office Tasks	RRL	ART	Med. Sec.	Tran-scriber	Med. Rec. Clerk	Clerk Typ-ist
1.	Type general correspondence	+	++	+	0	+	0
2.	Handle and distribute mail and correspondence (both incoming and outgoing)	+	+	+	0	+	0
3.	Set up and maintain filing system for correspondence, memoranda, directives and publications	+	+	0	0	0	0
4.	File correspondence and memoranda	++	++	0	0	0	0
5.	Type personnel actions for staff	0	0	0	0	0	0
6.	Handle and dispatch time cards to Payroll	++	+	0	0	0	0
7.	Prepare or type requests for vacation or pay for sick leave	+	+	0	0	0	0
8.	Order office supplies, equipment, furniture, and Medical Record materials	++	++	+	0	+	0
9.	Maintain inventory list for equipment and furniture accountability	0	0	0	0	0	0
10.	Conduct inventory of supplies to insure reorder prior to depletion of stocks	++	+	0	0	0	0
11.	Type requisitions	++	++	0	0	0	0
12.	Control closely contractual services for maintenance of equipment to prevent loss of time due to equipment breakdown	+	+	0	0	0	0
13.	Type work request for furniture or building repairs	+	0	0	0	0	0
14.	Handle telephone calls	++	++	+	++	++	++
15.	Review monthly telephone charges to insure properly charged	0	0	0	0	0	0
16.	Maintain Staff work schedules	+	+	0	0	0	0
17.	Provide security for Medical Records	++	++	0	0	+	0
18.	Receive and review departmental reports from Fiscal Services	+	0	0	0	0	0
19.	Receive and review departmental reports from Personnel	0	0	0	0	0	0
20.	Receive and review periodic financial reports from Fiscal Services	+	0	0	0	0	0
21.	Post additions and changes to Administrative Policy Manual	+	+	0	0	0	0
22.	Handle subscriptions for internal publications for Medical Records	0	0	0	0	0	0

* 50-100% of persons designated by the title perform the task = ++
25-49% of persons designated by the title perform the task = +
0-24% of persons designated by the title perform the task = 0

FIGURE 16. FUNCTION P - PERFORMING GENERAL OFFICE TASKS

RATINGS OF TASKS BY NTAC
AND PERFORMANCE OF TASKS AS REPORTED BY SURVEY RESPONDENTS



KEY TO SYMBOLS: Recommended occupational level = O; difficulty = -----; criticality = ———; technical knowledge (T/K) required = ...; not a Medical Record function = ●; as judged by National Technical Committee (NTAC). Position-level actually performing = +.

FINDINGS

NTAC recommended that Tasks 1, 2, 3, 5 and 13 (general typing and filing of office correspondence) be done by the clerk typist; Tasks 6, 7 and 16 (personnel matters, payroll, vacation and work schedules), also Tasks 8, 9, 10 (inventory and supplies) be handled by ART; Tasks 15, 18 and 20 (fiscal matters), Task 17 (security of medical records), Task 19 (review department reports from personnel) be handled by RRL. In practice, RRL and ART task performance overlaps except in matters of fiscal services.

None of the tasks was rated less than Level 3 on criticality.

T/K and difficulty are rated highest (Level 5) for Tasks 18, 19, 20 and 21 (personnel and fiscal matters).

But for the fact that transcribers consider Task 4 (answering telephone calls) as more difficult than the rating of NTAC, all the other tasks were rated by all personnel as lower or equal in difficulty.

TABLE 17. FUNCTION Q - PERFORMING MEDICAL LIBRARY FUNCTIONS

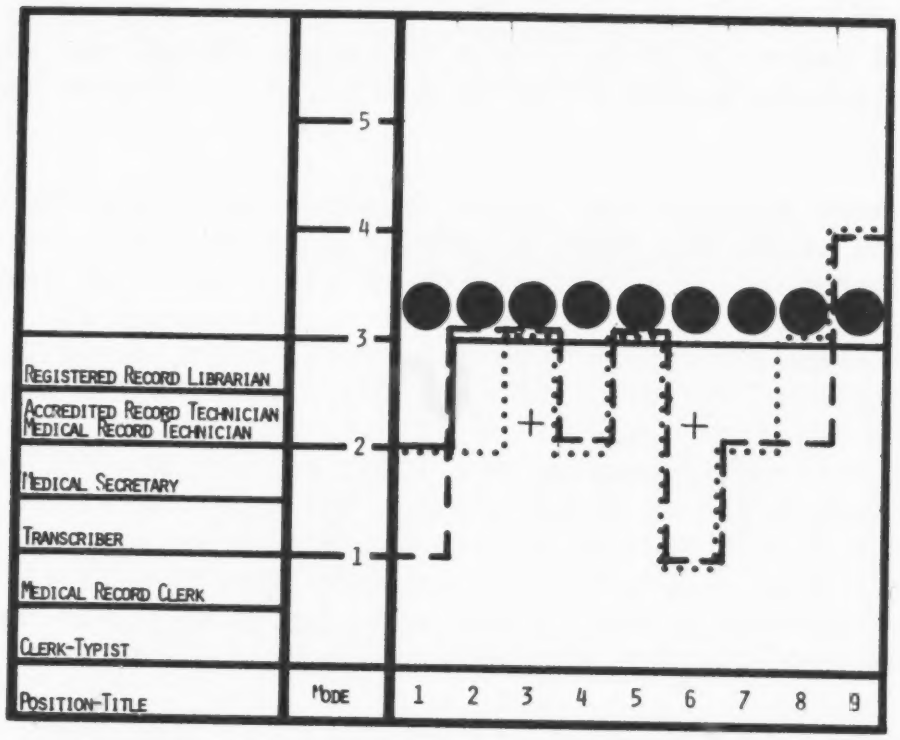
PERFORMANCE BY OCCUPATIONAL TITLE*
(Reported by survey respondents)

Q. Performing Medical Library Functions	RRL	ART	Med. Sec.	Trans-scriber	Med. Rec. Clerk	Clerk Typ-ist
1. Route brochures to medical staff library chairman	0	0	0	0	0	0
2. Order texts and journals library committee desires	0	0	0	0	0	0
3. Catalog texts	0	+	0	0	0	0
4. Send journals to be bound	0	0	0	0	0	0
5. Catalog bound journals	0	0	0	0	0	0
6. Photocopy	0	+	0	0	0	0
7. Maintain circulation record and follow up	0	0	0	0	0	0
8. Answer and request inter-library loans	0	0	0	0	0	0
9. Provide reference service	0	0	0	0	0	0

* 50-100% of persons designated by the title perform the task = ++
25-49% of persons designated by the title perform the task = +
0-24% of persons designated by the title perform the task = 0

FIGURE 17. FUNCTION Q - PERFORMING MEDICAL LIBRARY FUNCTIONS

RATINGS OF TASKS BY NTAC
AND PERFORMANCE OF TASKS AS REPORTED BY SURVEY RESPONDENTS



KEY TO SYMBOLS: Recommended occupational level = O; difficulty = -----; criticality = ———; technical knowledge (T/K) required = ...; not a Medical Record function = ●; as judged by National Technical Committee (NTAC). Position-level actually performing = +.

FINDINGS

NTAC does not believe that any of these functions belong in the Medical Record department. In practice, however, Task 6 (photocopying), and Task 3 (cataloging texts) were performed by ART.

Task 9 (provision of reference service) is rated Level 4 for both T/K and difficulty.

Relationship of Tasks Performed and NTAC Recommendations

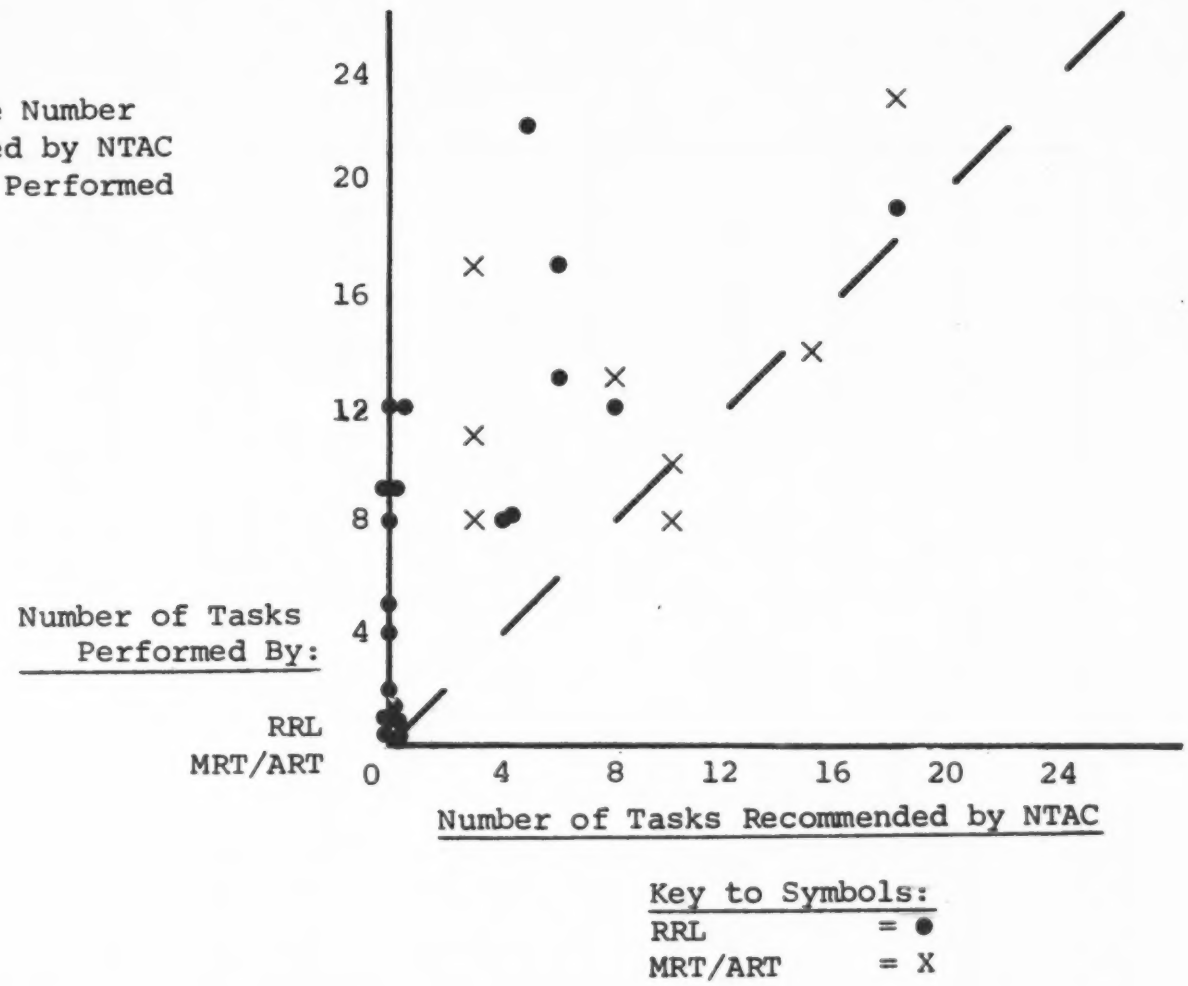
It appears that there was some discrepancy between the jobs the NTAC recommended and what persons actually do. For example, the Registered Record Librarian performed tasks in 10 different functions though the NTAC recommends that the Registered Record Libarian not do any. Details may be found in Figure 18.

All the personnel perform some tasks from two functions (Medical Library and Admission tasks) which the NTAC regards as outside the purview of the Medical Record department. The Medical Record clerk performs fewer tasks than the NTAC recommends, whereas the situation is reversed the case of the clerk-typist. The transcriptionist performs four functions which were not recommended by the NTAC. In fact, the NTAC suggests that the transcriptionists perform in only one function, consisting of nine tasks. In general, there appears to be no relationship between the level of personnel recommended by the National Technical Advisory Committee and the level of personnel actually performing the tasks in the Medical Record department's personnel of the hospitals surveyed. NTAC never recommended more than the RRL is actually performing. There are only two functions in which it was recommended that the ART/MRT perform more tasks than are actually being done.

It would appear, from the foregoing description, that there is considerable variance between current practice and the National Technical Advisory Committee recommendations.

FIGURE 18

Relationship of the Number of Tasks Recommended by NTAC and those Actually Performed



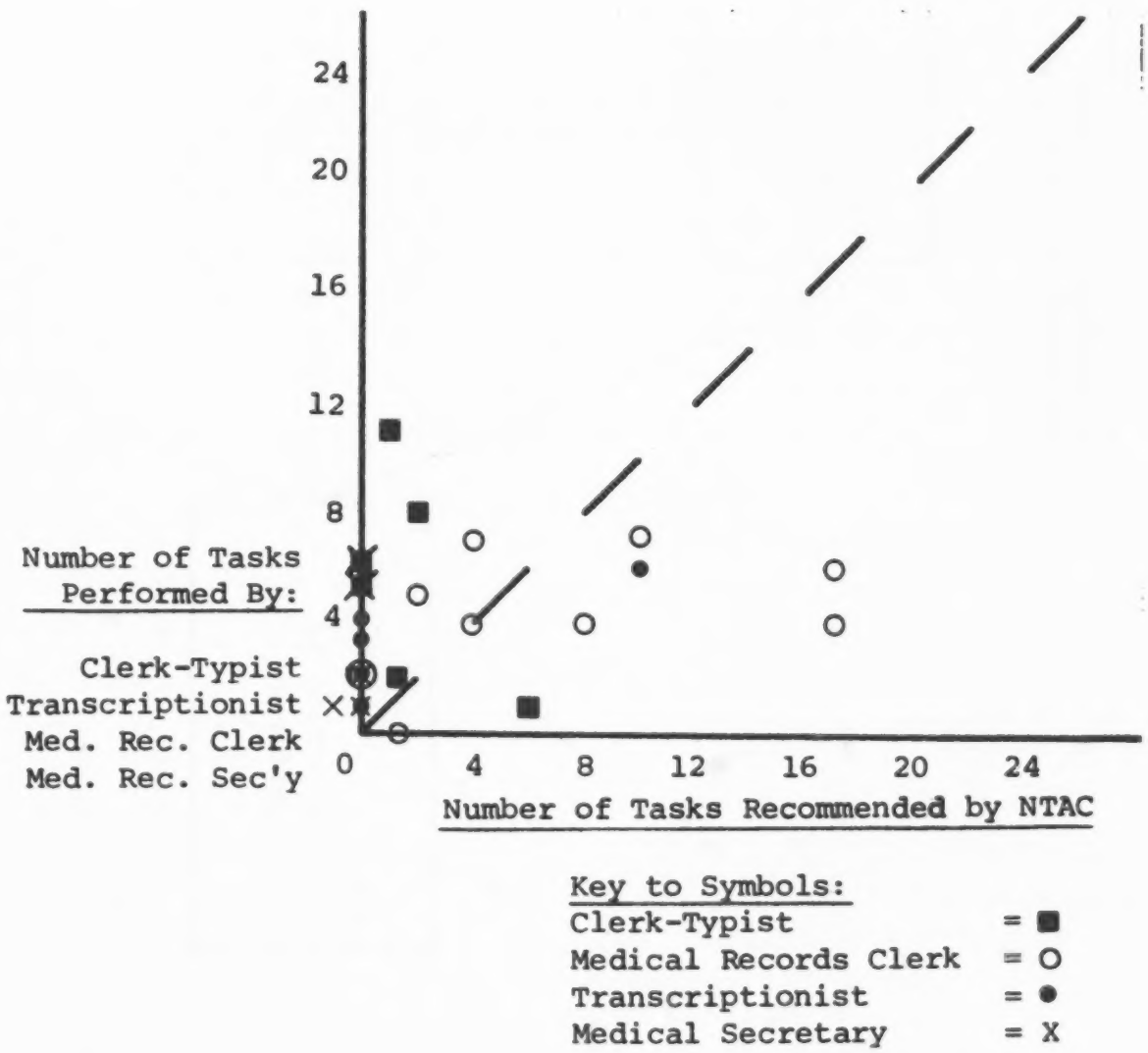
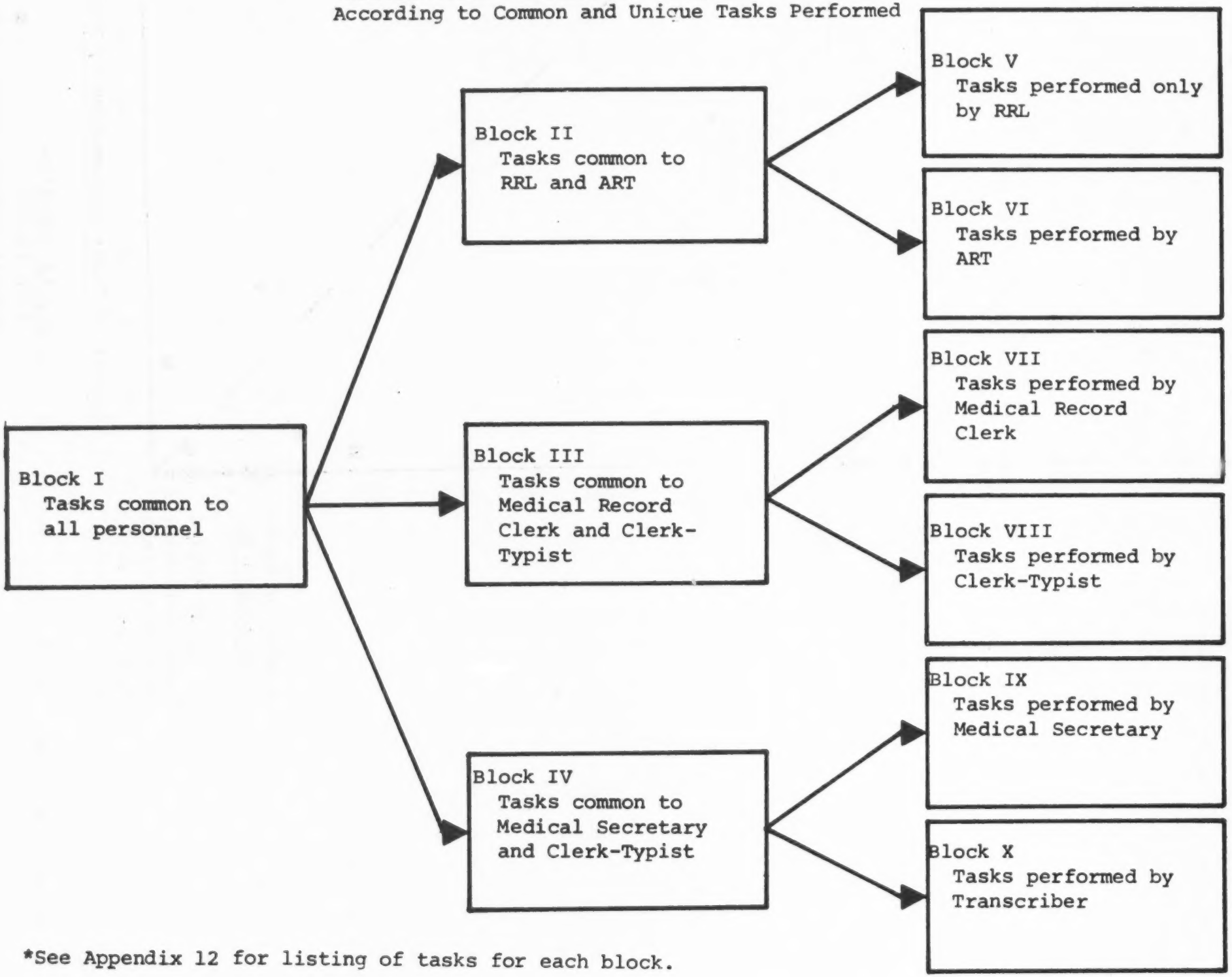


Chart I

*Distribution of Tasks by Occupational Title According to Common and Unique Tasks Performed



*See Appendix 12 for listing of tasks for each block.

Distribution of Tasks by Occupational Title

The total list of the tasks was examined in order to identify the common tasks performed by all personnel and to determine those performed by each occupational title.

The ten blocks on the opposite page illustrate the grouping of tasks that are performed by the personnel in the Medical Record department. Content of the blocks appears in Appendix 12.

The following table lists the several blocks of tasks performed for each occupational title:

OCCUPATIONAL TITLE	BLOCK NO.
RRL	I, II and V
ART/MRT	I, II and VI
Clerk-typist	I, III and VII
Medical Record Clerk	I, III and VIII
Transcriber	I, IV and IX
Medical Record Secretary	I, IV and X

Block I contains the tasks performed by personnel occupying all the occupational titles. These tasks pertain to finding and retrieval of records and checking for deficiency of records. Educational implications of this and other similar findings appear on page 47.

Block II contains tasks that are commonly performed by the RRL and MRT/ART; they form 47 percent of all the listed tasks. These broadly pertain to:

1. Organizing and supervising day-to-day work activities.
2. Imparting education to other employees.
3. Preparing of statistical reports.
4. Indexing, coding, chart completion, etc.

These tasks may further be divided into (1) Supervision - overall management activities and (2) Direct activities. The tasks supervised by MRT/ART and RRL are actually performed by others: Medical Record clerk, clerk-typist, Medical Record secretary and transcriptionist. MRT/ART and RRL should have a thorough knowledge of these tasks, though they may not be expected to perform them. When personnel become well-versed in the tasks actually performed by others in the department, they acquire proficiency in a substantial part of the MRT/ART's work.

Block III represents tasks that are related to assembling of forms contained in charts in proper order, completing records, etc., and coding. These are commonly performed by the clerk-typist and the Medical Record clerk.

Block IV represents recorded medical dictation transcribed by both Medical Record secretary and transcriptionist.

Block V pertains to tasks performed uniquely by the RRL. These are in addition to the tasks in Block II. These are related to budget and fiscal matters, personnel selection, continuing education, library techniques, and new application of computers to medical records. Inherent in the description of these tasks is the leadership role the RRL assumes in the department.

Block VI contains tasks exclusively performed by MRT/ART in addition to those listed in Block II. These pertain to preparation and publicity for meetings (e.g.; agenda), storage and retrieval of electronically processed material, transcription of ancillary reports, and cataloging of medical texts. The MRT/ART possesses the skills to transcribe medical reports. Virtually all the personnel were able to store and retrieve electronically processed material.

Block VII contains the Medical Record clerk's tasks concerned with daily census, abstracting information, compiling data for statistical reports, preparing birth certificates, and maintaining a physicians' index.

Block VIII contains the clerk-typist's tasks concerned with maintaining abstract ledger and transferring abstract information onto forms.

Block IX contains the Medical Record secretary's task of helping to determine work priorities and, in addition, managing transcription.

Block X contains the transcriptionist's tasks of assembling records and preparing birth certificates in addition to the major function of transcribing medical records.

Educational Implications of the Task Analysis

Analysis of the currently performed tasks according to occupational titles revealed patterns which have a bearing on the design of educational materials and the overall strategy of training for work in a Medical Record department.

Several tasks were performed by all the personnel. Some tasks were specific to the job title. The assessments regarding the criticality, difficulty, etc., by the National Technical Advisory Committee and the personnel performing tasks provided no direct guidelines for the educational design. The current practices regarding task performance, however, allow regrouping of the tasks according to occupational title. Such regrouping leads to the delineation of the related content areas, which in their turn can be clustered into three different sections according to the prerequisites to performance of the required functions. Identification of those content areas in which transcribers, clerks, and medical secretaries should gain proficiency before entry into MRT/ART curriculum leads to a scheme for working out lateral as well as vertical mobility through continuing education. The tasks included in the content areas provide guidelines for the formulation of behavioral objectives for training.

Thus, instructional modules can be developed in the light of current practice. Further refinements can be made, as needed, upon recommendation of the National Technical Advisory Committee. The charts that follow illustrate the method by which the original task list has been regrouped.

Chart 2

Master Plan for
Educational Content Design
Based on Current Practice
of Task Performance

Block I - All Personnel

1. Filing and Retrieval of records
2. Checking for deficiency of records

Block II - RRL and MRT/ART

1. Overall Medical Record Department Activities
2. Organizational considerations:
   a. work flow b. work procedures
   c. work standards d. evaluation
   e. work priorities f. work load
   g. activity records
3. Space and equipment utilization
4. Educational programs for employees
5. Electronic data processing
6. Supervision of employees' activities
   a. coding b. indexes c. chart completion methods d. abstracting data
   e. releasing data
7. Requirements of accreditation agencies and legal aspects of medical records
8. Personnel matters: interviewing, developing criteria for selection
9. Selection of records for professional review
10. Group work: participation in committees
11. Report preparation
12. Indexing, coding, charts completion, abstracting certificate preparation, insurance aspects
13. Statistical reports
14. Ledgers, abstracts and such compilation techniques
15. Essentials of medical record transcription
16. General office procedures

Block III - Medical Record Clerk and Clerk-typist

1. Assembling forms in charts
2. Effecting completion of records, etc.
3. Coding

Block IV - Med. Rec. Secretary and Transcriptionist

1. Transcription of recorded medical dictation

Block V - RRL

1. Supervision
2. Personnel selection
3. Continuing education
   a. direct training b. planning for training
4. Coordination with other departments
5. Budget and fiscal matters
6. Compilation and reporting of statistics
7. New applications of computers to medical records
8. Library techniques

Block VI - MRT/ART

1. Preparation and publicity for meetings (e.g., agenda)
2. Transcription of ancillary reports
3. Storage and retrieval of electronically processed material
4. Cataloging of medical texts

Block VII - Medical Record Clerk

1. Physicians' index
2. Daily census
3. Statistical reports
4. Abstract information
5. Preparation of birth certificate

Block VIII - Clerk-typist

1. Abstract ledger
2. Transfer abstract information onto forms

Block IX - Medical Record Secretary

1. Work priorities
2. Manage transcription
3. Coding

Block X - Transcriptionist

1. Assemble records
2. Preparation of birth certificate

Tasks contained in each block of Chart 2 were studied, rearranged and grouped by broad subject headings. Several educational content areas emerged as a result of this process. Description of the educational content for each block of tasks and the implications of the survey findings follow. Training for each occupational title includes the following blocks:

OCCUPATIONAL TITLE	BLOCK NO.
RRL	I, II and V
ART	I, II and VI
Clerk-typist	I, III and VII
Medical Record clerk	I, III and VIII
Transcriber	I, IV and IX
Medical Record secretary	I, IV and X

Block I: Content Pertaining to all Personnel

All personnel working in the Medical Record department are involved in performing activities in Block I which deal with filing, retrieval, deficiency check and handling telephone calls. Every course dealing with preparation for work within a Medical Record department must contain training for proficiency in these tasks. This could very well form the first step in the "on-the-job training program" of any facility hiring new and untrained Medical Record employees. A self-instructional module developed for training the new employees in skills from Block I would be extremely useful. Twenty-five percent of the total sample consisted of individuals with neither prior experience nor special training; and it is this population which can profit most by the material.

Block II: Content Pertaining to Both RRL and ART

This represents the largest of the groupings of tasks currently shared by both occupational titles. It is assumed that both levels of personnel possess common skills and knowledge to perform the tasks.

Both RRL and MRT/ART have to be proficient in the content described under Block II. Items 12, 15 and 16 (i.e.; indexing, etc., transcription, office procedures) refer to the educational content that is essential for one or more of the other personnel working in the Medical Record department.

The individuals working at the lower level positions are likely to attain more proficiency in these areas by virtue of repeated practice. The sum total of skills needed to perform at the MRT/ART level lends itself to a two-part division. The first section embodies the skills and knowledge for all personnel working at position levels lower than MRT/ART. The second section consists of the remaining content items, which may be sequentially taught after Section 1 content. (See page 52 for suggested strategy for the arrangement of educational content.)

Block III: Content Common to Medical Record Clerk and Clerk-typist

Since assembly of the records is performed by both medical secretary and clerk-typist, it would be appropriate to develop a training module consisting of general methods of assembly of records. Each facility could then use the sequence for instruction but adapt the procedure by substituting its own forms.

Block IV: Tasks Common to Transcriber and Medical Record Secretary

Maintenance of daily production records and medically related transcription are the tasks contained in Block IV, which is common to both transcriptionist and Medical Record secretary. Both are expected to have the prerequisite skill of typing. The training module would then consist of training for skills in transcribing recorded medical dictation. One portion includes basics of medical terminology. The other could be developed by designing tape cartridges containing exercises graded from less difficult to more difficult passages, progressing not only to more difficult terminology but also to the greater difficulties that arise from variations in dictation speeds, accents, and personal idiosyncrasies.

Block V: Content Pertaining to Tasks Uniquely Performed by RRL

Block V represents the tasks which are uniquely and exclusively performed by RRL. The tasks pertain to budgeting, supervision, personnel selection, in-service education, coordination with other departments, statistical reporting, data processing, and library techniques. Training for the above subject areas should form the continuation into the RRL curriculum over and above that of the MRT/ART.

Block VI: Content Pertaining to MRT/ART

The tasks which appeared in this group probably occurred as a result of the division of work responsibilities between RRL and ART. This task group seems representative of the prerequisite skills and knowledge which are contained in the tasks currently performed by the RRL.

Block VII: Tasks Performed by Medical Record Clerk

The clerical functions in this block are generally performed by entry-level personnel who have neither experience nor special educational background to prepare them to perform the tasks required. The most efficient tool for imparting the necessary skills and knowledge for this group of tasks would be self-instructional modules.

Block VIII:

Transferring abstracted information onto appropriate forms and maintenance of abstract ledger form the content for Block VIII. These refer exclusively to content related to tasks performed by the clerk-typist in addition to those in Block III. The clerk-typist may fulfill the requirements for Block II by covering the content of:

1. Essentials of transcription
2. Setting work priorities
3. Compilation devices
4. Insurance aspects
5. General office procedures.

Block IX:

Coding, managing transcription, and planning work according to priorities form the content area a Medical Record secretary would be required to learn in addition to transcription skills, if the upward mobility to the position of MRT is to be attained. Coding may be taught through an instructional module. Planning work priorities and management of transcription have to be acquired on the job, as procedures differ from facility to facility. Because the Medical Record secretary performs limited but highly specialized tasks, the secretary would need training in 11 areas before attaining proficiency in the content of Block II. Learning coding would enable a transcriptionist to perform a Medical Record secretary's tasks.

Block X:

The transcriptionist has to be trained in assembly of records and preparation of birth certificates, in addition to transcription. Both content areas may be taught by the facility, though general guidelines for such teaching could be provided to avoid undue demands upon the time of the person responsible for training the transcriptionist.

The transcriptionist needs to cover 11 areas in order to attain equivalent skills in Block II.

Chart 3

Suggested Strategy for the Arrangement of Educational Content so as to Allow Upward and Lateral Mobility among the Position Titles

RRL

training includes sections I, II and III

SECTION III

1. Supervision
2. Personnel selection
3. Inservice-Education (a) direct training (b) arranging for training
4. Coordination with other departments
5. Budget and fiscal matters
6. Compilation and reporting of statistics
7. New applications of Electronic Data Processing to the Medical Record departments
8. Library techniques

MRT/ART

training includes sections I and II

SECTION II

1. Overall medical department activities
2. Organizational considerations: (a) work flow (b) work procedures
3. Utilization of space and equipment
4. Educational programs for employees
5. Electronic data processing
6. Supervision of employees' activities such as: coding, etc.
7. Requirements of accreditation agencies and legal aspects of medical records
8. Personnel matters: Interviewing and developing criteria
9. Selection of records for professional review
10. Group work: Participation in committees
11. Report preparation

Med. Rec. Clerk

Clerk-Typist

Med. Rec. Sec'y

Transcript.

SECTION I

	Additional Training Needed for Completion of Section I			
	Med.Rec. Clerk	Clerk-Typist	Med.Rec.-Sec'y	Tran-script.
1. Indexing	+	+	0	0
2. Coding	+	+	0	0
3. Chart completion	+	+	0	0
4. Abstraction	+	+	0	0
5. Essentials of transcription	0	0	+	+
6. Prepare certificate	+	0	0	+
7. Assemble forms	+	0	0	+
8. Work priorities	0	0	+	0
9. Daily census	+	0	0	0
10. Statistical reports	+	0	0	0
11. Ledgers, abstracts and such other compilation devices	0	0	0	0
12. General office procedures	0	0	0	0
13. Insurance aspects	0	0	0	0
14. Filing and retrieval of records	+	+	+	+
15. Check for deficiencies	+	+	+	+

KEY TO SYMBOLS
Training Areas Needed = 0
Training Completed = +

Suggested Strategy for the Arrangement of Educational Content So As To Allow Upward and Lateral Mobility Among Position Titles

When rearranged, the blocks from Chart 2 form a progression of educational components. (See Chart 3 opposite.)

Suggested total training for work in the Medical Record department divides into three sections. Section I consists of the education content needed by a clerk-typist, Medical Record secretary, Medical Record typist and transcriptionist. None of these position titles has the skills to perform all the tasks indicated by the content of Section I. But, by virtue of their observation and experience while on the job, these employees are likely to become acquainted with the other content in Section I. It is assumed that, by providing them with educational opportunities in content marked with "O" in Chart 3, persons in these position titles can attain the knowledge and skills attained by an MRT/ART in Section I. It appears that the Medical Record clerk needs to make up five content areas, while clerk-typist, transcriptionist, and Medical Record secretary need to make up nine, ten and 11 areas respectively. (This is no indication of the respective time needed in order to meet Section I requirements.) Also, any one of these position titles should be able to move into another position title by learning content areas in which they are deficient.

Section II consists of the skills which build upon Section I content. An individual who has mastered the content of Sections I and II should be able to perform all the tasks currently performed by an MRT/ART.

Section III content trains an individual for a leadership role in the Medical Record department. An experienced MRT/ART who is currently performing all the tasks related to the content in Sections I and II should be able to move on to training for Section III content, whose mastery would enable the individual to function as an RRL. Alternately, an individual with no experience or specialized training would be able to undergo training for Section I, II and III and attain proficiency for discharging functions performed by an RRL.

CONCLUSIONS

A study of current practices in the Medical Record department made possible the differentiation of tasks performed by each occupational title. The National Technical Advisory Committee's recommendations regarding the tasks to be performed by the various occupational titles are at variance with the current practice.

The National Technical Advisory Committee's recommendations, together with current practices, place admitting tasks, medical library functions, and ward clerk tasks outside the purview of a Medical Record department. Filing and retrieval of medical records and checking for discrepancies in the charts emerge as common functions of all Medical Record personnel. An analysis of both common and unique tasks leads to the conceptualization and listing of several educational modules for the training of personnel in each occupational category.

Twenty-five percent of the survey respondents consisted of individuals who had neither prior training nor experience to do the job. The hospitals may profit a great deal by using self-instructional modules for giving on-the-job training. Many tasks pertain to procedures that are peculiar to the hospital concerned and these are best taught within the facility. For such tasks, modules that "program" the practice in the facility may be utilized.

There is no discernable relationship between criticality of performing a task and the difficulty and technical knowledge needed to perform it, as rated by the National Technical Advisory Committee. However, it is important to take the National Technical Advisory Committee's ratings into consideration when designing the educational modules. Criticality would influence the degree of proficiency a trainee must attain. Difficulty, as perceived by the personnel and as rated by the National Technical Advisory Committee, would indicate a need for a thorough examination of the prerequisites and points of emphasis in training for the desired behavioral objectives.

Parenthetically, it may be pointed out that the National Technical Advisory Committee rated many tasks as higher in difficulty than the personnel performing the tasks.

To recapitulate the learning progression, the educational modules designed for the ART can be divided into two sections which may be taught sequentially. The clerk-typist is found to be performing some of the tasks included in the first section of MRT/ART required performance level. The transcriptionist, Medical Record secretary and Medical Record clerk would also be able to acquire skills that are contained in the beginning section of MRT/ART training by taking certain of the prerequisite modules while on the job. Full fledged ART's with experience could advance to the level of the RRL by electing to continue their education.

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APPENDIX 1

NATIONAL TECHNICAL ADVISORY COMMITTEE FOR MEDICAL RECORDS

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*Added to Committee after initial organization

MEDICAL RECORDS

Instructions:
Please read each task and place an "X" in the appropriate box opposite it to show your answer.

	FREQUENCY: How often do you do this task?					SUPERVISION: How much supervision do you get for this task?					DIFFICULTY: How difficult is this task?				
A. Organizing and Planning Departmental Activities	Daily / Almost Daily	Several times a Week	Several times a Month	Several times a Year	Never / Almost Never	All the time	Most of the Time	Occasionally	Rarely	No Supervision	Routine procedure-No decisions	Several procedures-Minor decisions	Select most Suitable procedure	Establish and/or Modify procedure	Make complex decisions-Little precedent
1. Assist administration in defining responsibilities of the medical records department.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
2. Recommend policies for departmental functions.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
3. Plan overall activities of the department.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
4. Determine staffing requirements.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
5. Plan and develop space utilization.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
6. Select equipment and supplies.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
7. Prepare budget for department.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
8. Develop organizational chart.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
9. Organize work flow.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
10. Develop work flow charts.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
11. Develop job descriptions.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
12. Develop work procedures.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
13. Write work procedures (Procedure Manual)	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
14. Determine quantitative and qualitative work standards.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
15. Revise and amplify organizational activities as needed.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

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APPENDIX 3

TASK ANALYSIS SURVEY
BACKGROUND INFORMATION SHEET

I.D. Number_____

Please complete this Information sheet now and return it to the survey administrator. The answers to these questions are of importance as we try to evaluate responses from a large number of people across the United States where educational and licensure requirements for specific tasks may be very different.

Remember, this is a confidential document, it is identified by number only, and will not be attached to your name.

1. RESPONDENT:

   1.1 Position Title_____

   1.2 Area of Patient Care or Hospital Services, i.e. Medical-Surgical, Psychiatric, Medical Records, etc. Please specify:

   _____

   1.3 Length of Time in Position_____

   1.4 Age_____

   1.5 Sex (circle one) M F

   1.6 Marital Status (circle one)

   Married Single Widowed Divorced Separated

2. PREVIOUS EXPERIENCE:

	Type		Years
2.1	_____	2.2	_____
	_____		_____
	_____		_____

3. Highest Grade Completed Before Entering Educational or Training Program: (circle one)

   1 - 8, 9, 10, 11, 12, Some College Baccalaureate

   Post-Baccalaureate

4. Educational or Training Program Completed: (circle the number next to your answer)

   1 -- None

   2 -- On-Job Training: How Long? (circle one)

   2 wks. 1 mo. 2 mos. 3 mos. longer than 3 mos.

   3 -- Certificate or Diploma Program: (circle one)

   1 yr. 2 yr. 3 yrs. or more

   4 -- Associate Degree

   5 -- Baccalaureate Degree

   6 -- Post-Baccalaureate Degree

5. Certification, Licensure, Registration Held, i.e. C.D.A., A.R.T., O.T.R., R.N., L.V.N.

   Please specify: _____

6. Yearly Income Range: (circle one)

   1 -- Less than 2,000

   2 -- 2,000 - 3,999

   3 -- 4,000 - 6,999

   4 -- 7,000 - 9,999

   5 --10,000 or more

C O N F I D E N T I A L D O C U M E N T
FOR RESEARCH PURPOSES ONLY

KLG:ba
6-23-69

APPENDIX 4

SCALES USED BY NTAC FOR RATING TASK INVENTORY

I. CRITICALITY - (Consequence of improper performance)

1. Negligible: unimportant whether task is done a certain way or not (example: maintain up-to-date bulletin boards).

2. Some deviation is normally tolerated (example: publicize meetings).

3. Reparable: errors in performance could result in minor delays (example: prepare admissions chart).

4. Very little error may be allowed without risk to employee or patient (example: insure accuracy of the source document).

5. Irreparable: the task must be performed within strict parameters to avoid irreversible loss of health or human resources (example: prepare statistical reports for licensing agencies).

II. TECHNICAL KNOWLEDGE (Need to know to perform task successfully)

1. Ability to locate information and to follow simple directions (example: file a record).

2. Ability to interpret information and relate to operational procedures (example: assemble record in proper order).

3. Ability to select from numerous procedural practices to perform in a new situation (example: complete source document for IBM)

4. Ability to analyze complex tasks, non-routine or common to daily practices, and perform without supervision (example: review source document for completion).

5. Ability to utilize knowledge and experience in developing new and creative approaches to methods of operation (example: plan and develop space utilization).

III. OCCUPATIONAL LEVEL - (Which one level should be performing task)

1. Clerk-typist

2. Medical Record Clerk

3. Transcriptionist - Medical Secretary

4. Transcriptionist - Surgical Secretary

5. Medical Record Technician

6. ART, Assistant Record Technician

7. Medical Record Librarian

8. Does not belong in Medical Records department

IV. DIFFICULTY - (How difficult is the task)

1. Routine procedures - no decisions

2. Several procedures - minor decisions

3. Select most suitable procedure

4. Establish and/or modify procedure

5. Make complex decisions - little precedent

APPENDIX 5

LIST OF HEALTH CARE FACILITIES SELECTED FOR NATIONAL SURVEY

BIRMINGHAM

200 Beds or More	Baroness Erlanger Hospital	Chattanooga, Tennesee
	Baptist Medical Center	Birmingham, Alabama
100-199 Beds	Jeff Anderson Memorial Hosp.	Meridian, Mississippi
	St. Judes Catholic Hospital	Montgomery, Alabama
Under 100 Beds	Sam Howell Memorial Hospital	Cartersville, Georgia
	Athens-Limestone Hospital	Athens, Alabama
Extended Care Fac.	Plantation Manor	McCalla, Alabama
	St. Lukes Nursing Home	Birmingham, Alabama

BOSTON

200 Beds or More	Peter Bent Brigham Hospital	Boston, Massachusetts
	Memorial Hospital	Worcester, Massachusetts
100-199 Beds	Faulkner Hospital	Boston, Massachusetts
	Thayer Hospital	Waterville, Maine
Under 100 Beds	Mary Lane Hospital	Ware, Massachusetts
	Falmouth Hospital	Falmouth, Massachusetts
Extended Care Fac.	Hebrew Rehab. Center for Aged	Boston, Massachusetts
	Cambridge Nursing Home	Cambridge, Massachusetts

CHICAGO

200 Beds or More	Chicago Wesley Memorial Hosp.	Chicago, Illinois
	Memorial Hospital	Kenosha, Wisconsin
100-199 Beds	Delnor Hospital	St. Charles, Illinois
	Beloit Memorial Hospital	Beloit, Wisconsin
Under 100 Beds	DeKalb Public Hospital	DeKalb, Illinois
	Bethany Brethren Hospital	Chicago, Illinois
Extended Care Fac.	Hearthside Nursing Home	Chicago, Illinois
	Fox River Rehab. Center	Chicago, Illinois

DENVER

200 Beds or More	St. Marys Hospital	Grand Junction, Colorado
	St. Lukes Hospital	Denver, Colorado
100-199 Beds	Memorial Hospital of Laramie County	Cheyenne, Wyoming
	Poudre Valley Memorial Hosp.	Fort Collins, Colorado
Under 100 Beds	Alamosa County Hospital	Alamosa, Colorado
	Longmont Community Hospital	Longmont, Colorado

LOS ANGELES

200 Beds or More	Kaiser Foundation Hospital	Panorama City, California
	Santa Monica Hospital	Santa Monica, California
100-199 Beds	Morningside Hospital	Los Angeles, California
	West Valley Community Hosp.	Encino, California
Under 100 Beds	Community Hospital of Gardena	Gardena, California
	Garden Park General Hospital	Anaheim, California
Extended Care Fac.	Kaiser Extended Care Fac.	Panorama City, California
	Culver City Convalescent Hospital	Los Angeles, California

SEATTLE

200 Beds or More	St. Francis Xavier Cabrini Hospital	Seattle, Washington
	Emmanuel Hospital	Portland, Oregon
100-199 Beds	St. Josephs Hospital	Aberdeen, Washington
	Vancouver Memorial Hospital	Vancouver, Washington
Under 100 Beds	Tri-State Memorial Hospital	Clarkston, Washington
	West Seattle General Hospital	Seattle, Washington
Extended Care Fac.	Mt. Baker Convalescent Home	Seattle, Washington
	L. C. Foss Sunset House	Seattle, Washington

APPENDIX 6

BACKGROUND INFORMATION SUMMARY

Fifty-four percent of the total surveyed were from hospitals with 200 or more beds, 28 percent in hospitals with bed-size of 100 to 199; 16 percent in hospitals of less than 100 beds; the remaining 2 percent were uncodeable.

Ninety-six percent of the surveyed were from acute-voluntary hospitals, 2 percent from acute-proprietary, and 2 percent from extended care facilities.

Of the total number of respondents, 21 were heads of departments, 12 were assistant department heads, 42 were Medical Record clerks, 18 were clerk-typists, 19 were medical secretaries, and 17 were medical transcribers. There was one medical librarian, one receptionist and one administrator.

All but two of the respondents were females.

The range in ages of those surveyed was from 17 to 70 years. The lowest median age (25 years) was that of the Medical Records clerk. The highest median age (46 years) was that of the head of the department.

Fifty-nine percent of the total group surveyed were married and 25 percent were single. Within the position level of assistant to the department head, more individuals were "single" than any other marital status classification.

Thirteen percent of the total sample had some college training. Seven percent had earned a baccalaureate degree including one who had had post-graduate training. Forty-one percent of those with college training occupy the positions of assistant or head of department. Fifty-five percent of the total sample were trained on the job.

Of the respondents who were either the head of the department or assistants in the department, 12 were RRLs, eight were ARTs, two were ART eligible and 11 had no certification.

Medians for the number of years in the present position ranged from one year to five years. Medians for the total number of years of experience in the field ranged from two to 12 years.

The lowest paid position titles were Medical Records clerk and clerk-typist and the median income for them was the two to four thousand dollars per annum classification. The highest paid were the heads of the departments and the median income for them, the seven to ten thousand dollar per annum classification.

APPENDIX 7

DEPARTMENT HEADS OR ASSISTANTS ACCORDING TO CERTIFICATION, HOSPITAL SIZE AND SALARY RANGE

Position	Certification	Hospital Size			Salary			
		Less than 100	100-199	200+	$2-3,999	$4-6,999	$7-9,999	$10,00
Asst.	NONE	X				X		
Asst.	RRL			X			X	
Head	RRL		X			X		
Head	RRL			X			X	
Head	RRL		X			X		
Head	RRL			X				X
Asst.	RRL			X			X	
Head	RRL		X				X	
Head	RRL			X			X	
Head	RRL			X		X		
Head	RRL			X				X
Head	RRL			X				X
Head	MRT	X					X	
Asst.	NONE		X			X		
Asst.	NONE			X		X		
Asst.	ART		X			X		
Asst.	MRT		X			X		
Asst.	NONE			X		X		
Asst.	NONE			X		X		
Head	ART		X				X	
Head	ART			X		X		
Asst.	RRL			X			X	
Head	ART	X					X	
Head	ART		X			X		
Head	NONE		X			X		
Asst.	NONE			X		X		
Asst.	NONE			X		X		
Asst.	NONE	X					X	
Head	NONE		X					X
Asst.	ART			X			X	
Head	NONE	X				X		
Head	ART	X				X		
Head	NONE			X	X			
Head	ART	X				X		

APPENDIX 7-A

EDUCATION AND EXPERIENCE OF NON-CERTIFIED PERSONNEL

IN POSITION TITLE DEPARTMENT HEADS OR ASSISTANTS TO DEPARTMENT HEADS

From the above table, of the 21 department heads surveyed, nine were Registered Record Librarians, seven were Accredited Records Technicians, and five had no certification. In the assistant position, three were Registered Record Librarians, three were Medical Record Technicians and seven had no certification.

Of the three assistant directors with Registered Record Librarian credentials each was employed in a facility of 500+ beds. The three persons with RRL certifications whose gross income fell below $7,000 per annum were employed in a 100-199 bed hospital in Maine, a 100-199 bed hospital in Washington State, and a 200+ bed hospital in Alabama.

In the only example of a non-certified Medical Record department head where the salary was above $10,000, the employee had worked for 1 1/2 years as Assistant Record Librarian, had some college training in selected subjects, and has been employed in her present position for 11 years.

An Assistant Medical Record Librarian, non-certified, in a 161 bed general hospital, had a background of experience with IBM for 15 years prior to her present position.

A high school graduate with less than one year of combined experience as a histological technician and pathology secretary is presently holding the position of MRL in a small (under 100 bed) hospital.

A Medical Record assistant had had some general college work and two weeks of OJT before assuming her present position, which she has held for 3 1/2 years.

A high school graduate had seven years of experience at the same hospital in the admitting office and insurance office and 10 years in other positions in the Medical Record department before becoming assistant to the MRL, a position which she has held for the past four years.

The Medical Record Library assistant is a high school graduate, a Registered Nurse, and had no experience in Medical Records when she began her present assignment three years ago.

A Medical Record department head in a 102 bed hospital, a position she has held for the past 1 1/2 years, had a high school education and one-half year of work in other phases of Medical Records department before assuming her present position.

The assistant Medical Record librarian in a 489 bed general hospital has been at this new position for only one month. She has had some college work and then worked in Medical Records for one year before this latest appointment.

The Medical Record assistant in a 500 bed general hospital has been in this position for 2 1/2 years, coming to the job after high school graduation and some college work.

The MRL in a 98 bed general hospital has been the head of this department for four months. Her experience after high school graduation consists of 4 1/2 years as a medical transcriber, 3 1/2 years as a senior Medical Records clerk, and one year as a junior Medical Records clerk.

The MRL in a 220 bed general hospital has held this position for the past two years. She holds a baccalaureate degree, has been employed as a public school teacher for six years, and worked for three years in a Medical Record department before assuming her present position.

APPENDIX 8

TASKS NOT PERFORMED (ZERO PERCENT) BY ANY OF THE PERSONNEL IN THE MEDICAL RECORDS DEPARTMENT:

1. Maintain residents' procedure files. (F-8)

2. Operate audiovisual equipment for meetings. (F-12)

3. Determine room assignment. (M-7)

4. Distribute admission information to at least the following departments: (M-11)
   - PBX - Telephone Center (11.1)
   - X-Ray (11.2)
   - Radiation Therapy (11.4)
   - Television Rentals (11.5)
   - Addressograph Room (11.6)
   - Mailroom (11.7)
   - Laboratory (11.8)
   - Administration (11.9)
   - Data Processing Center (11.11)
   - Patient Relations (11.12)
   - Information Desk (11.13)

5. If Home Care patient, attempt to obtain chart from Home Care Office. (M-14)

6. Record data on patient's charts, e.g., TPR, blood pressure, weight, etc. (N-2)

7. Notify Admitting, Business Office, and Medical Records of pending discharges. (N-7)

APPENDIX 9

LIST OF TASKS PERFORMED WITH 1 PERCENT TO 24 PERCENT FREQUENCY BY ALL PERSONNEL

A-17	Develop skill tests for prospective employees
C-12	Requisition additional work space
F-7	Transcribe letters regarding house staff or attending staff appointments
G-14	Maintain manually tumor registry
I-8	Abstract information from record onto tumor board (Registry) source document
I-12	Code diseases and operations using other (specify, e.g., SNOP)
K-1	Abstract information from delivery register
K-2	Obtain additional information from parent or other informant
K-3	Type certificate
K-4	Present certificate for signature of informant
K-7	File completed certificate with Health Department
K-8	Complete and deliver complimentary birth certificate
K-9	Obtain authorizations for publicity of births and release birth lists
K-10	Record results of PKU test on birth certificate and file in chart
L-1	Transcribe from shorthand notes
L-3	Transcribe using manual typewriter
L-5	Transcribe using magnetic tape selector typewriter
L-14	Arrange for transcribing to be done by outside agency
M-1	Upon receipt of admission order, secure admission information, e.g., patient's name, address, diagnosis, etc.
M-2	Verify insurance information
M-3	Verify credit rating to determine deposit procedure
M-6	Follow preadmission policy
M-8	Assign admission number to patient
M-9	Prepare admission packet
M-10	Sort admission information to be distributed to appropriate departments, e.g., patient's name, room number, doctor, diagnosis, next of kin, etc.
M-11.3	Distribute admission information to Medical Records
M-13	If readmission, request old chart from Medical Records
N-1	Check current inpatient records for completion
N-3	Add new sheets to charts as necessary
N-4	Staple laboratory slips in proper place on laboratory sheet
N-5	Prepare admission charts
N-6	Prepare chart to accompany patient upon transfer
N-8	Insure that all Doctors' orders are authenticated and affixed to chart
N-10	Insure that chart and allied materials are forwarded to Medical Records
O-3	File using terminal digit system
O-5	File original record of individual patient in commercial facilityy

O-8	File index cards phonetically
O-10	File index cards chronologically
O-11	File index cards by color code
O-12	File index cards straight numerically
O-13	File index cards by marginal punch
P-5	Type personnel actions for staff
P-9	Maintain inventory list for equipment and furniture accountability
P-15	Review monthly telephone charges to insure properly charged
P-19	Receive and review departmental reports from Personnel
P-22	Handle subscriptions for internal publications for Medical Records
Q-1	Route brochures to medical staff library chairman
Q-2	Order texts and journals library committee desires
Q-4	Send journals to be bound
Q-5	Catalog bound journals
Q-7	Maintain circulation record and follow up
Q-8	Answer and request inter-library loans
Q-9	Provide reference service

APPENDIX 10

LIST OF TASKS RATED BY EXPERTS AS INAPPROPRIATE* FOR MEDICAL RECORDS DEPARTMENT.

1. Upon receipt of admission order, secure admission information, e.g., patient's name, address, diagnosis, etc. (M-1)
2. Verify insurance information. (M-2)
3. Verify credit rating to determine deposit procedure. (M-3)
4. Follow preadmission policy. (M-6)
5. Determine room assignment. (M-7)
6. Assign admission number to patient. (M-8)
7. Prepare admission packet. (M-9)
8. Sort admission information to be distributed to appropriate departments, e.g., Patient's name, Room Number, Doctor, Diagnosis, Next of Kin, etc. (M-10)
9. Distribute admission information to at least the following departments: (M-11)
   - PBX - Telephone Center (11-1)
   - X-Ray (11-2)
   - Medical Records (11-3)
   - Radiation Therapy (11-4)
   - Television Rentals (11-5)
   - Addressograph Room (11-6)
   - Mailroom (11-7)
   - Laboratory (11-8)
   - Administration (11-9)
   - Business Office - Accounting (11-10)
   - Data Processing Center (11-11)
   - Patient Relations (11-12)
   - Information Desk (11-13)
10. If readmission, request old chart from Medical Records. (M-13)
11. Record data on patient's charts, e.g., TPR, blood pressure, weight, etc. (N-2)
12. Add new sheets to charts as necessary. (N-3)
13. Staple laboratory slips in proper place on laboratory sheet. (N-4)
14. Prepare admission charts. (N-5)
15. Prepare chart to accompany patient upon transfer. (N-6)
16. Notify Admitting, Business Office, and Medical Records of pending discharges. (N-7)
17. Insure that all Doctors' orders are authenticated and affixed to chart. (N-8)
18. Insure that chart and allied materials are forwarded to Medical Records. (N-10)
19. Route brochures to medical staff library chairman. (Q-1)
20. Catalog texts. (Q-3)
21. Send journals to be bound. (Q-4)
22. Catalog bound journals. (Q-5)
23. Photocopy. (Q-6)
24. Maintain circulation record and follow up. (Q-7)
25. Answer and request inter-library loans. (Q-8)
26. Provide reference service. (Q-9)

*50% or more experts say it is inappropriate.

APPENDIX 11

ADDITIONS BY SURVEY RESPONDENTS NOT INCLUDED IN ORIGINAL TASK LIST

J-10-a - Prepare records for microfilming.
10-b - Prepare records for court.
10-c - Release medical record for third party review

J-13 - Attend court trials and depositions in answer to subpoena duces tecum.

M-11.14 - Distribute admission information to nursing services.
11.15 - Distribute admission information to emergency room staff.

O-1-a - Maintain patient index file.

Q-10 - Check in and shelve periodicals.

APPENDIX 12

BLOCKS I THROUGH X

DISTRIBUTION OF TASKS BY OCCUPATIONAL TITLE

Block I - Tasks Performed by All Personnel

I-2 Check record for deficiencies
J-3 Obtain charts of patients for whom information is requested
J-5 Prepare photocopies from patient's chart
L-12 Perform filing, mailing and charting functions
L-13 Change discs, belts or tapes on recording equipment
O-1 File original record of individual patient within the facility
O-2 File using straight numerical system
O-6 File items into individual patient record
O-9 File index cards alphabetically
P-14 Handle telephone calls

Block II - Tasks Performed by both RRL and ART

A-1 Assist administration in defining responsibilities of the medical records department
A-2 Recommend policies for departmental functions
A-3 Plan overall activities of the department
A-4 Determine staffing requirements
A-5 Plan and develop space utilization
A-6 Select equipment and supplies
A-9 Organize work flow
A-10 Develop work flow charts
A-11 Develop job descriptions
A-12 Develop work procedures
A-13 Write work procedures (Procedures Manual)
A-14 Determine quantitative and qualitative work standards
A-16 Revise and amplify organizational activities as needed
A-18 Coordinate procedures for data processing
A-19 Develop report format and content
A-20 Develop program evaluation criteria for self-appraisal of performance for supervisor and employees
A-21 Plan for recording, storage and retrieval of clinical history and statistics by electronic data processing
B-1 Maintain adequate staff
B-2 Control use of equipment, supplies and sapce
B-3 Establish work priorities
B-4 Plan and schedule work assignments
B-6 Supervise subordinates
B-7 Resolve personnel problems
B-8 Coordinate relevant interpartmental functions
B-9 Supervise assistance to medical and hospital staff committee

B-11 Supervise coding of diseases and operations
B-12 Supervise preparation of indexes
B-13 Supervise chart completion methods
B-14 Supervise chart analysis for completion
B-15 Supervise preparation of statistical reports
B-16 Supervise abstracting data from records
B-17 Supervise release of patient information
B-19 Direct transcription of medical reports
B-20 Coordinate admitting functions related to medical records
B-22 Direct record storage and retrieval
B-23 Direct miscellaneous general office tasks
B-24 Establish and maintain current estimated length-of-stay data for use by Bed Utilization Committee and Bed Expediter
C-1 Maintain and prepare productivity reports
C-2 Evaluate and analyze workload trends
C-3 Review for quality (accuracy and adequacy)
C-4 Evaluate quantity and quality in light of work standards
C-5 Define and correct deficiencies
C-6 Evaluate individual employee for merit
C-7 Confer with individual employee
C-8 Act upon evaluation of individual employee merit (transfer, promote, terminate)
C-9 Evaluate efficiency of equipment and supplies
C-10 Evaluate adequacy of work space
C-11 Order new or additional equipment
C-13 Insure that all requirements of the Joint Commission on Accreditation of Hospitals concerning medical records are met
C-14 Continually search for improved, automated records transportation and retrieval system
D-1 Request needed skills to fill vacancies
D-6 Orient new employees
D-7 Train departmental employees (in-service)
D-10 Participate in professional/technical associations
D-11 Attend professional/technical association meetings
D-14 Train staff in legal aspects of medical records, e.g., statutes governing release or restrictions of court use of medical records and subpoenas
E-1 Participate in developing criteria for the selection of records for review
E-2 Select records for review according to established criteria
E-3 Sort records by committee responsibility
E-4 Participate in medical staff committee meetings
E-5 Prepare medical staff committee meeting minutes
E-6 Follow up on committees' directions, e.g., route charts to physicians or committees
E-7 Participate in hospital committees, e.g., nursing audit, department head, Medical Forms Committee, etc.
E-8 Write hospital committee meeting minutes
F-2 Attend meetings
F-3 Take or transcribe minutes of meeting
F-5 Follow up on actions of committees
F-9 Prepare reports

G-1 Maintain manually disease and operations indexes
G-2 Maintain manually physicians' index
G-4 Prepare daily census
G-5 Prepare period census report
G-6 Prepare manually statistical reports for administration
G-8 Prepare manually statistical reports for medical staff
G-9 Prepare manually statistical reports for other health facilites
G-12 Prepare manually statistical reports for others
G-13 Maintain manually **statistical** e.g., birth, death
G-15 Prepare manually admission and discharge statistics from census sheets
G-16 Prepare manually discharge statistics showing average length of stay by disease classification
G-19 Prepare manually patient statistics analysis
H-2 Provide reports or extract data for Medical Staff Committees
H-3 Insure accuracy of the source document
H-4 Inform and advise administration as to trends and significant data
H-5 Inform and advise Medical Staff as to significant results or trends resulting
H-8 Develop and maintain a filing system for data-processed printouts
I-1 Assemble record in proper order
I-3 Prepare deficiency check-off list
I-9 Code diseases and operations using SNDO
I-10 Code diseases and operations using ICDA-8
I-11 Code diseases and operations using H-ICDA-8
I-13 Notify physicians concerning incomplete records
I-14 Effect completion of records by other departments, e.g., route charts, request missing reports
J-1 Maintain log of all requests for patient information
J-2 Maintain an index of basic statutes, court decisions and rulings of regulatory bodies as to the legal requirements and restrictions concerning the release of medical information
J-4 Determine whether to photocopy or type an insurance abstract
J-6 Type abstract information onto the abstract form
J-7 Direct photocopy or abstract request to other departments for completion, e.g., X-ray, Pathology, Radiation Therapy, etc.
J-8 Type insurance diagnosis on forms for the Business Office
J-9 Abstract information onto insurance forms
J-10 Prepare certificates or affidavits for third parties and authorized requestors
J-12 Be familiar with the requirements of a subpoena (duces tecum) for medical records
L-2 Transcribe from recording machine using magnetic belts or recorded discs
L-4 Transcribe using electric typewriter
L-6 Transcribe histories and physicals
L-7 Transcribe consultation and discharge summaries
L-8 Transcribe operative reports
L-9 Transcribe medical correspondence
L-11 Maintain daily production record
O-9 File index cards alphabetically
O-14 File correspondence and reports
O-15 File microfilmed rolls or individual cards

P-1 Type general correspondence
P-2 Handle and distribute mail and correspondence (both incoming and outgoing)
P-3 Set up and maintain filing system for correspondence, memoranda, directives and publications
P-4 File correspondence and memoranda
P-6 Handle and dispatch time cards to Payroll
P-7 Prepare or type requests for vacation pay or pay for sick leave
P-8 Order office supplies, equipment, furniture and Medical Records materials
P-10 Conduct inventory of supplies to insure reorder prior to depletion of stocks
P-11 Type requisitions
P-12 Control closely contractual services for maintenance of equipment to prevent loss of time due to equipment breakdown
P-16 Maintain staff work schedules
P-17 Provide security for Medical Records
P-21 Post additions and changes to Administrative Policy Manual

Block III - Tasks Performed by Medical Records Clerk and Clerk-typist

I-1 Assemble records in proper order
I-3 Prepare deficiency check-off list
I-13 Notify physicians concerning incomplete records
I-14 Effect completion of records by other departments, e.g., route charts, request missing reports
J-4 Determine whether to photocopy or type an insurance abstract
J-8 Type insurance diagnosis on forms for the Business Office
O-4 File using alphabetical system
O-14 File correspondence and reports

Block IV - Tasks Performed by Transcriber and Medical Records Secretary

L-2 Transcribe from recording machine using magnetic belts or recorded discs
L-4 Transcribe using electric typewriter
L-6 Transcribe histories and physicals
L-7 Transcribe consultation and discharge summaries
L-8 Transcribe operative reports
L-9 Transcribe medical correspondence
L-11 Maintain daily production record
L-13 Change discs, belts, or tapes on recording equipment

Block V - Tasks Performed Exclusively by R.R.L.

A-7 Prepare budget for department
A-8 Develop organizational chart
B-5 Supervise subordinate supervisors
B-18 Direct preparation of birth and death certificates and infant releases for adoption.
B-21 Coordinate ward clerks' functions related to medical records
D-3 Test job applicant
D-4 Evaluate job applicant
D-5 Hire job applicant
D-9 Conduct medical terminology classes
D-12 Provide for staff development through outside educational agencies
D-13 Train department staff in use of data-processing facilities
F-10 Disseminate information on policies established at meetings
G-7 Prepare manually statistical reports for other departments
G-10 Prepare manually statistical reports for accrediting agencies, e.g., J.C.A.H., A.M.A.
G-11 Prepare manually statistical reports for licensing agencies
G-17 Prepare manually statistics concerning CCU, PSCU, and COU from census sheet
G-18 Prepare manually statistics for blood transfusion committee
H-1 Extract statistics from data-processed reports to submit to hospital administration.
H-6 Coordinate and confer with the data-processing manager on new programs and simplified reporting, both input and output
H-7 Be familiar with the application of computer terminals and their use in obtaining statistics stored in the data bank
J-11 Maintain an abstract ledger
I-4 Abstract information from record onto data-processing source document
M-12 Determine estimated length of stay, using the Patient and Disease Index
N-9 Arrange chart in approved sequence after discharge
O-4 File using alphabetical system
O-17 Receive and file Home Care patients' records upon discharge
P-13 Type work request for furniture or building repairs
P-18 Receive and review departmental reports from Fiscal Services
P-20 Receive and review periodic financial reports from Fiscal Services

Block VI - Tasks Performed by MRT/ART

B-10 Coordinate medical library functions
D-2 Interview job applicant
F-1 Schedule meetings
F-4 Prepare agendas for meetings
F-6 Maintain staff credentials files
F-11 Publicize meetings
G-3 Maintain manually Surgeons' index
I-5 Abstract information from record and list on discharge analysis form
I-7 Abstract information from record (including medical audit)
K-2 Obtain additional information from parent or other informant
K-3 Type certificate
K-5 Obtain physician's record of medical information and signature on certificate
K-7 File completed certificate with Health Department
K-10 Record results of PKU test on birth certificate and file in chart
L-10 Transcribe ancillary departmental reports, e.g., X-ray, Pathology
M-4 If a readmission, secure old patient folder from Medical Records Department
M-5 If a new admission, prepare new patient folder
O-7 Maintain activity record
O-16 File EDP stored materials
Q-3 Catalog texts
Q-6 Photocopy

Block VII - Tasks Performed by Medical Records Clerk

G-2 Maintain manually physicians' index
G-4 Prepare daily eensus
G-6 Prepare manually statistical reports for administration
G-13 Maintain manually registers, e.g., birth, death
G-15 Prepare manually admission and discharge statistics from census sheets
I-4 Abstract information from record onto data-processing source document
I-6 Abstract information from record (no medical audit)
I-9 Code diseases and operations using SNDO
I-10 Code diseases and operations using ICDA-8
I-11 Code diseases and operations using H-ICDA-8
I-12 Code diseases and operations using Other. Specify, e.g., SNOP.
K-2 Obtain additional information from parent or other informant
K-3 Type certificate
K-7 File completed certificate with Health Department
K-8 Complete and deliver complimentary birth certificate
M-4 If a readmission, secure old patient folder from Medical Records Department
M-5 If a new admission, prepare new patient folder
P-1 Type general correspondence
P-2 Handle and distribute mail and correspondence (both incoming and outgoing)
P-8 Order office supplies, equipment, furniture and Medical Records materials
P-17 Provide security for Medical Records

Block VIII - Tasks Performed by Clerk-typist

J-6 Type abstract information onto the abstract form
J-7 Direct photocopy or abstract requests of other departments for completion, e.g., X-ray, Pathology, Radiation Therapy, etc.
J-9 Abstract information onto insurance forms
J-11 Maintain an abstract ledger

Block IX - Tasks Performed by Medical Records Secretary

B-3 Establish work priorities
B-19 Direct transcription of medical reports
L-10 Transcribe ancillary departmental reports, e.g., X-ray, Pathology
O-14 File correspondence and reports
P-1 Type general correspondence
P-2 Handle and distribute mail and correspondence (both incoming and outgoing)
P-8 Order office supplies, equipment, furniture and Medical Records materials

Block X - Tasks Performed by Transcriber

I-1 Assemble record in proper order
K-2 Obtain additional information from parent or other informant
K-3 Type certificate
K-8 Complete and deliver complimentary birth certificate

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